

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000040312

1. Limited Liability Company's Name

MP&K, LLC

2. Principal Office Address - No P.O. Box #

1124 38 Avenue NE

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

Zip

Country

33704-1640

USA

3. Mailing Office Address

1124 38 Avenue NE

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

Zip

Country

33704-1640

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

04/10/2007

6. FEI Number

200434801

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Cheryl K. Pearson

Street Address (P.O. Box Number is Not Acceptable)

1124 38 Avenue NE

Suite, Apt. #, Etc.

City

Saint Petersburg

State

FL

Zip Code

33704-1640

800264651978
09/24/14--01018--011 **660.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Cheryl K Pearson

REGISTERED AGENT MUST SIGN

Date

9/15/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>RA/ Mgr.</u>	<u>Cheryl K. Pearson</u>	<u>1124 38 Avenue NE</u>	<u>Saint Petersburg, FL 33704</u>

11. E-mail Address: ckp18f@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Cheryl K Pearson

Date 09/15/2014

Daytime Phone # 727-823-1322

Typed or printed name of signing Authorized Representative/Manager

Cheryl K. Pearson