

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

14 JUN -9 PM 2:44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L07000047018

1. Limited Liability Company's Name MARK W CZABAN, LLC

CR2E041 (1/14)

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

619 NW 73 WAY

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

City & State

Bell Fla

City & State

Zip

32619

Country

Gilchrist

Country

6. FEI Number

64-0965474

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

MARK CZABAN

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

619 NW 73 WAY

Suite, Apt. #, Etc

City

Bell

State

FL

Zip Code

32619

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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

MARK CZABAN

Date

6/3/14

REGISTERED AGENT MUST SIGN

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
Mgr	MARK CZABAN	619 NW 73 WAY	Bell, FLA 32619

JUN 12 2014

L. SELLERS

REINSTATEMENT

2013-2014

11. E-mail Address:

Kellej94@AOL.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

MARK CZABAN

Date

4-26

Daytime Phone #

224-8900

Typed or printed name of signing Authorized Representative/Manager