

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 DEC 17 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400242831824  
12/17/12--01047--005 \*\*377.50

CR2E041 (1/11)

**DOCUMENT #**

1. Limited Liability Company's Name  
M.E.T L.L.C.

DOCUMENT # L07000052212

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

312 W INTERLAKE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE PLACID

City & State

Zip

33852

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

5/16/2007

6. FEI Number

26-0185889

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

ERICK KELESCENY

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

312 W INTERLAKE BLVD

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

E-mail Address:

michaelq5@live.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Erick Kelesceny*

Date 12/12/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	ERICK KELESCENY	312 W INTERLAKE BLVD	LAKE PLACID, FL 33852

**REINSTATEMENT**  
2011-12

J. SAULSBERRY  
EXAMINER

11. I certify that I am managing member/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 608.406, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Erick Kelesceny*

Date 12/12/12

Daytime Phone # 863-465-7437

Typed or printed name of signing Managing Member/Manager ERICK KELESCENY