

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 DEC 17 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		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		3. Mailing Office Address	
Suite, Apt. #, etc.		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
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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
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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**