

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN 22 PM 1:55

DOCUMENT # L07000053921

1 Limited Liability Company's Name

08

M.A.R. Enterprises, L.L.C.

CR2E041 (05/10)

2 Principal Office Address - No P.O. Box # 6111 Sea Grass Lane		3 Mailing Office Address 6111 Sea Grass Lane	
Suite Apt # etc		Suite Apt # etc	
City & State Naples, FL		City & State Naples, FL	
Zip 34116	Country USA	Zip 34116	Country USA

4 State/Country of Formation Florida
5 Date Organized or Qualified To Do Business in Florida 5/22/07
6 FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8 Name and Address of Current Registered Agent			
Name Randy L. Merritt, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 2055 Wood Street			
Suite, Apt. #, Etc Suite 208			
City Sarasota	State FL	Zip Code 34237	

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

*Randy L. Merritt, Esq.*

Date 6-8-10

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	Anna Pagani	6111 Sea Grass Lane	Naples, FL 34116
REINSTATEMENT 2008 - 2010			
up 6/23/10			
500182424415			
06/21/10 01059 019 **516.25			

11 E-mail Address: *R.Merritt@esq.comcast.net*

(To be used for future annual report notifications)

12 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.

Signature of  
Managing Member/Manager

Date 6-4-10

Daytime Phone # 239-849-3708

Typed or printed name of signing Managing Member/Manager