PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 DEC 21 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000057462

1. Limited Liability Company's Name: Mark 48 LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6996 Piazza Grande		6996 Piazza Grande	
Suite, Apt. #, etc.: Suite 202		Suite, Apt. #, etc.: Suite 202	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32835	County: Orange	Zip: 32835	Country: Orange

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 5/31/07

6. FEI Number: 20-5381557 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: MARK KINCHLA

Street Address (P.O. Box Number is Not Acceptable): 1231 N. ORANGE AVE

Suite, Apt. #, Etc.: B

City: ORLANDO State: FL Zip Code: 32804

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date 12/21/09

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
MGR	Mark Kinchla	~~728 Hardeman~~ ~~Orlando, FL 32806~~ On	Orlando, FL 32806
Member	Katherine Kinchla	728 Hardeman ~~Orlando, FL 32806~~ On	Orlando, FL 32806
	REINSTATEMENT 08-09 DB		

11. E-mail Address: MarkKinchla @ markkinchla . com (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: [signature] Date 12/21/09 Daytime Phone # 407 4689165

Typed or printed name of signing Managing Member/Manager:

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

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LIMITED LIABILITY REINSTATEMENT
MARK 48 LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

D. BRUCE
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