

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L07000063066

10 JUL 20 AM 8:32
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000063066

1. Limited Liability Company's Name

MTL Southwest, LLC

08

100183490591

CR2E041 (05/10)

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

3613 Del Prado Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

CAPE Coral

City & State

FLORIDA

Zip

33904

Country

US

Zip

Country

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

6/15/07

6. FEI Number

26-0354951

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

Robert M. Lipshutz

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

3613 Del Prado Blvd

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

BK

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]

Date 7-13-10

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	LARS T. MANSSON	3613 Del Prado Blvd	Cape Coral, FL 33904

REINSTATEMENT 2008-2010

11. E-mail Address: ANDERS@TOOKR VILLAS.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 7-13-10

Daytime Phone # (239) 225-8681

Typed or printed name of signing Managing Member/Manager

LARS T. MANSSON



CORPORATION SERVICE COMPANY

L07000063066

ACCOUNT NO. : I20000000195

REFERENCE : 452435 80356A

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : July 20, 2010

ORDER TIME : 3:24 PM

ORDER NO. : 452435-005

CUSTOMER NO: 80356A

DOMESTIC FILINGS

NAME: MTL SOUTHWEST, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS

10 JUL 20 AM 8:32
DIVISION OF STATE
CORPORATIONS

10 JUL 20 PM 4:14
RECEIVED