
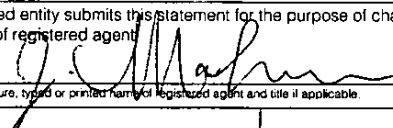
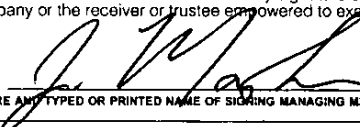


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000103654 1. Entity Name MEVMAR LLC					
Principal Place of Business 1133 BAL HARBOR #1129 PUNTA GORDA, FL 33950 US			Mailing Address 1133 BAL HARBOR #1129 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: center; font-size: 2em; margin-top: 10px;">08</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.5em; margin-top: 5px;">261243175</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARSHMAN, JONATHAN B 1133 BAL HARBOR #1129 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			SIGNATURE  DATE 10/10/08		
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHMAN, JONATHAN B 1133 BAL HARBOR #1129 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; margin-top: 5px;">600137109876</div> <div style="font-size: 1.2em; margin-top: 5px;">10/21/08--01009--009 **138.75</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEVIS, BLAKE 1133 BAL HARBOR #1129 PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); display: inline-block;">REINSTATEMENT</div> <div style="font-size: 3em; font-weight: bold; margin-left: 20px;">2008</div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Jonathan B. Marshman, Mgr		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 10/10/08 Daytime Phone # 941-766-1710		

FILED
08 OCT 17 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092008 REIN-LLC CR2E101 (1/07)