

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 APR 27 2017

DOCUMENT # L08000053946

1. Limited Liability Company's Name

MMJ, LLC

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

7801 Starkey Road

3. Mailing Office Address

3211 W Bay Villa Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Tampa, FL

Zip

33777

Country

USA

Zip

33611

Country

USA

8. Name and Address of Current Registered Agent

Name

Frederick J. Mills

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

1200 W Platt Street

Apt. #, Etc.

Suite 100

City

Tampa

State

FL

Zip Code

33606

CR2E041 (1/14)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

05-30-08

6. FEI Number

26-2718047

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

Rei-2011-2017  
400298551084  
04/27/17--01028--018 \*\*1036.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Frederick J. Mills*

REGISTERED

Frederick J. Mills

Date

4-21-17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Charles Hollowell	3211 W Bay Villa Avenue	Tampa, FL 33611
MGR	Wendy A. Murphy	3211 W Bay Villa Avenue	Tampa, FL 33611

11. E-mail Address: chuck.hollowell.gyxd@statefarm.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

*Charles Hollowell*

Date

4-21-17

Daytime Phone #

813-546-5387

Typed or printed name of signing authorized representative/member

Charles Hollowell, MGR