


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 APR 27 2017 27

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

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**

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

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

Rei-2011-2017

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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* Date **4-21-17**

REGISTERED **Frederick J. Mills**

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**