

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000094557

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** M A K ENTERPRISES, LLC

**Current Principal Place of Business:**

1223 TEQUESTA STREET  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

11933 WINGED FOOT TERRACE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1223 TEQUESTA STREET  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

11933 WINGED FOOT TERRACE  
CORAL SPRINGS, FL 33071

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PERLA SOLE CALAS, ESQ.  
15450 NEW BARN ROAD  
302  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

ADRIENNE SOLE  
11933 WINGED FOOT TERRACE  
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: ADRIENNE SOLE

09/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: WEINICK, MARC A  
Address: 1223 TEQUESTA STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGR                      ( ) Delete  
Name: SOLE, ADRIENNE J  
Address: 1223 TEQUESTA STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

Title:    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADRIENNE SOLE

MGR

09/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date