

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 23 PM 1:39

DOCUMENT # L08000100617

1. Limited Liability Company's Name

Matthew

Paul Maines, LLC

600188078386
11/24/10--01002--029 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 3412 w Villa Rosa Street		3. Mailing Office Address Same as Principal 09	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State	
Zip 33611	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/27/08	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Matthew Paul Maines,		
Street Address (P.O. Box Number is Not Acceptable) 3412 W Villa Rosa Street		
Suite, Apt. #, Etc.		
City Tampa,	State FL	Zip Code 33611

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 Matthew Paul Maines Date 11-12-10
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	Matthew Paul Maines,	3412 W Villa Rosa Street	Tampa, Florida 33611

11. E-mail Address: M.Maines2@tampabay-fl.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 Matthew Paul Maines Date 11-12-10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Mathew Paul Maines