

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 20 PM 4:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000121569

1. Limited Liability Company's Name

MD2K ENTERPRISES LLC

REINSTATEMENT
CR2E041 (1/11)

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

15757 PINES BLVD

Suite, Apt. #, etc.

388

City & State

PEMBROKE PINES, FL

Zip

33027

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/21/2010

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DARRELL SHELTON

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

15757 PINES BLVD

Suite, Apt. #, Etc.

388

City

PEMBROKE PINES

State

FL

Zip Code

33027

E-mail Address:

900242967839

12/20/12--01020--011 **100.00

DSHELTON@MARKETLEADSOLUTIONS.COM

(To be used for future annual report notices)

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

Date 12/17/2012

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
VP	DARRELL SHELTON	15757 PINES BLVD 388	PEMBROKE PINES FL 33027

DEC 20 2012

S. PRATHER

12/14/12 RACHING filed \$ 25.00

11. I certify that I am managing member/manager of 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. 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 Managing
Member/Manager

Date

12/17/12

Daytime Phone #

954-309-3426

Typed or printed name of signing Managing Member/Manager