

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 AUG -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 11000042381

1. Limited Liability Company's Name
Maru Realty of Florida, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 6414 Lime Ridge Place		3. Mailing Office Address 6414 Lime Ridge Place	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Louisville		City & State KY	
Zip 40222	Country USA	Zip 40222	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
04/05/2011 4/8/2011

6. FEI Number
45-1758526 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
John D. Hatch, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1267 Berkshire Lane, Suite 200

Suite, Apt #, Etc.

City
Tarpon Springs

State
FL

Zip Code
34688

500261052675
08/01/14--01024--004 **138.75

500261052675
06/09/14--01020--011 **238.75

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 John D. Hatch Date 6-6-14
REGISTERED AGENT MUST SIGN

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	Francisco Elbl	6414 Lime Ridge Place	Louisville, KY 40222
MGR	Maria S. Flaherty	817 Creek Valley Rd	Louisville, KY 40243

500261052675
08/01/14--01024--005 **5.00

11. E-mail Address: bobt@thiemanlaw.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Francisco Elbl Date 5-28-14 Daytime Phone # 502-426-6201

Typed or printed name of signing Authorized Representative/Manager Francisco Elbl, Manager