

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 20 PM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L11000113117
Mileblamax, LLC

CR2E041 (1/11)

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

5348 34th St. West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

3. Mailing Office Address

5348 34th St. West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/04/11

6. FEI Number

Applied For

X 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

Benjamin Lockett

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

5348 34th St. West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34210

E-mail Address:

300244576023
02/20/13--01003--002 **377.50

bjitsme@gmail.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

REGISTERED AGENT MUST SIGN

Date 2-14-13

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
MGR	Max Mirnyi	5348 34th St. West	Bradenton, FL 34210

11. 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. 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

02/14/2013 Daytime Phone (941) 730-2633

Typed or printed name of signing Managing Member/Manager

BB Williams FEB 20 2013