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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
19 JUL 31 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

DOCUMENT # L12000030486

1. Limited Liability Company's Name
MAZAKA ENTERPRISE, LLC

REINSTATEMENT 2016-2019

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2420 NW 102 WAY	2420 NW 102 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL 33026	City & State: PEMBROKE PINES, FL 33026
Zip: 33026 / Country: BROWARD	Zip: 33026 / Country: BROWARD

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 03/12/12

6. FEI Number: 45-4689955 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

600332652856
07/31/19--01005--013 **680.00

8. **Name and Address of Current Registered Agent**

Name: TONY, BENITA J

Street Address (P.O. Box Number is Not Acceptable) Suite:
40 NE 215TH ST

Apt. #, Etc.

City: MIAMI — State: FL — Zip Code: 33179

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: DocuSigned by: Benita J Tony 84A13124E5AE4DF... REGISTERED AGENT MUST SIGN — Date: 7/30/2019

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
owner	FRANTZ CADET	2420 NW 102 WAY	PEMBROKE PINES, FL 33026

11. E-mail Address: blanc509@yahoo.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: DocuSigned by: CD8086D84C4A488 — Date: 7/30/2019 — Daytime Phone #: 305-755-2218

Typed or printed name of signing authorized representative/member

CORPORATE ACCESS, INC.

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WALK IN

PICK UP: 7/30/19

- ☐ **CERTIFIED COPY**
- ☒ **PHOTOCOPY**
- ☐ **CUS**
- ☒ **FILING** Reinstatement

1. Mazaka Enterprise, LLC
(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3. File 2nd
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

19 JUL 31 AM 11:10

SPECIAL INSTRUCTIONS: