

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN 13 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (12/13)

DOCUMENT # 42000089518

1. Limited Liability Company's Name

MEB HOLDINGS, LLC

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

3910 MENENDEZ DR

Suite, Apt. #, etc.

3. Mailing Office Address

3910 MENENDEZ DR.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

7/10/2012

City & State

PENSACOLA FL

City & State

PENSACOLA, FL

Zip

32503

Country

USA

Zip

32503

Country

USA

6. FEI Number

NONE

☐ 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

MARGARET E. BROWN

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

3910 MENENDEZ DR

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32503

E-mail Address:

600255619156
01/14/14--01035--019 **382.50

DOWNTOWN696@AOL.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 605, F.S.

Signature of
Registered Agent

Margaret E. Brown

Date

1-8-2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
<u>MGR</u>	<u>MARGARET E. BROWN</u>	<u>3910 MENENDEZ DR.</u>	<u>PENSACOLA, FL 32503</u>

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Margaret E. Brown

Date

1-8-2014

Daytime Phone #

850-4380743

Typed or printed name of signing Authorized Person

JAN 8 1 2014

C. CARROTHERS