PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 OCT 10 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L13000171082

1. Limited Liability Company's Name
Mach 1 Real Estate LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
same →	1600 Cogina Dr.
Suite, Apt. #, etc	Suite, Apt. # etc.
City & State	City & State
	Merritt Island, FL
Zip / Country	Zip / Country
	32952 / USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 12/11/13

6. FEI Number: 46-4289503 ☐ 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: Michael Mercurio
Street Address (P.O. Box Number is Not Acceptable): 1600 Cogina Dr.
Suite, Apt. #, Etc.:
City: Merritt Island | State: FL | Zip Code: 32952

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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: _____ Date: 12-16-14
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
President	Michael Mercurio	1600 Cogina Dr	Merritt Island, FL 32952
Vice President	Robert Mercurio	1600 Cogina Dr.	Merritt Island, FL 32952

JAN 21 2015
J. HARRIS

11. E-mail Address: Mlc5854@gmail.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: _____ Date: 12-16-14 Daytime Phone #: 321-403-6002

Typed or printed name of signing Authorized Representative/Manager: Michael Mercurio