
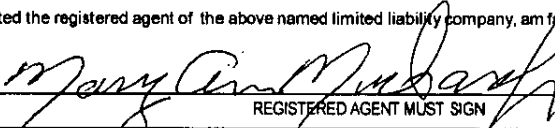
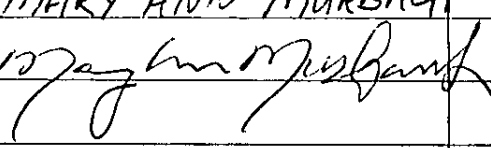
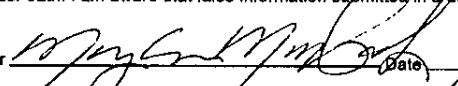


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 14000040371			
1. Limited Liability Company's Name Consider it Done by Mary Ann			
2. Principal Office Address - No P.O. Box # 7664 Haddington Cove		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakewood Ranch		City & State Florida	
Zip 34202	Country USA	Zip 34202	Country USA
8. Name and Address of Current Registered Agent			
Name Mary Ann Murbach			
Street Address (P.O. Box Number is Not Acceptable) Suite, 7664 Haddington Cove			
Apt. #, Etc.			
City Lakewood Ranch, Bradenton		State FL	Zip Code 34202
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 4/23/2016	
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
AMBR MR.S	MARY ANN MURBACH	7664 HADDINGTON COVE	LWR, FL. 34202
			
11. E-mail Address			
(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 		Date 4/23/2016	
Typed or printed name of signing authorized representative/member		Daytime Phone # 941-306-5347	

FILED

16 MAY -9 AM 0:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For
☐ Not Applicable

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

800285116598
04/27/16--01025--023 **377.50