

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 NOV -4 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000077914

1. Limited Liability Company's Name

*Mjolnir company LLC.*

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

*5428 Luce Rd*

Suite, Apt. #, etc.

City & State

*Lakeland FL*

Zip

*33813*

Country

*USA*

3. Mailing Office Address

*5428 Luce Rd*

Suite, Apt. #, etc.

City & State

*Lakeland, FL*

Zip

*33813*

Country

*USA*

CR2ED41 (1/14)

4. State/Country of Formation

*Florida*

5. Date Organized or Qualified  
To Do Business in Florida

*5/14/14*

6. FEI Number

*45-3807307*

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

*Dana Kleinmann*

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

*5428 Luce Rd*

Apt. #, Etc.

City

*Lakeland, FL*

State

*FL*

Zip Code

*33813*

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11/04/15--01011--025 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of  
Registered Agent

*[Signature]*

Date *11/3/15*

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
<i>President</i>	<i>Dana Kleinman</i>	<i>5428 Luce Rd. Lakeland</i>	<i>Lakeland / FL / 33813</i>

11. E-mail Address *lg/wonder@hotmail.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

*[Signature]*

Date *11/3/15*

Daytime Phone *(813) 727 025*

Typed or printed name of signing authorized representative/member

*Dana Kleinman*