


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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18 JAN -5 AM 11:00

DOCUMENT # **L14000180047**

Limited Liability Company's Name

MEDIA LUNA MARKET, LLC

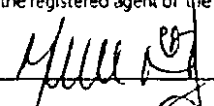
200307451882
01/05/18--01016--003 **\$27.50

CR2E041 (1/14)

1. Principal Office Address - No P.O. Box # 100 S Myrtle Ave		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater FL		City & State	
Zip 33756	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/20/2014	
6. FEI Number 47-2857911	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

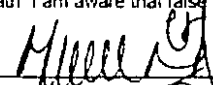
5. Name and Address of Current Registered Agent	
Name MERCEDES CHAVEZ	
Street Address (P.O. Box Number is Not Acceptable) Suite, 1100 S Myrtle Ave	
Apt. #, Etc.	
City CLEARWATER	State Zip Code FL 33756

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 12-28-17
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
grm	Israel Secundino	1100 S Myrtle Ave	Clearwater, FL 33756

11. E-mail Address mediaLuna123@verizon.net

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 35.0012, 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 will 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 12-28-17	Daytime Phone # 727 385-7805
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