

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT 23 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L14000191871

1. Limited Liability Company's Name

Mad IV LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
430 3rd Ave S

3. Mailing Office Address
430 3rd Ave S

Suite, Apt. #, etc.
#279

Suite, Apt. #, etc.
#279

City & State
St Pete FL

City & State
St Pete FL

Zip Country
33701

Zip Country
33701

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12-17-2014

6. FEI Number

47-2613689

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 E. Harris

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

430 3rd Ave S

Apt. #, Etc.

#279

City
St Petersburg

State
FL

Zip Code
33701

600278424466
10/23/15--01024--017 **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 605, F.S.

Signature of
Registered Agent Michael E Harris

Date 10-20-15

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
MGR	Michael Harris	430 3rd Ave S #279	St Pete FL 33701
MGR	Danyelle Paul	"	"
MGR	Allyson Roberts	"	"

REINSTATEMENT

7075

11. E-mail Address: meharris61@yahoo.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

Michael E Harris

Date 10-20-15

Daytime Phone # 727 422 8348

Typed or printed name of signing authorized representative/member