


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2023 OCT 20 PM 12:40

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10/20/23--01001--019 \*\*793.75

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L18000103151  
1. Limited Liability Company's Name  
MAGRUDER, LLC

2. Principal Office Address - No P.O. Box #  
1911 N MILLS AVENUE

3. Mailing Office Address  
1911 N MILLS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

Zip  
32803

Country  
USA

Zip  
32803

Country  
USA

8. Name and Address of Current Registered Agent  
Name  
JOHN T. LEHR  
Street Address (P.O. Box Number is Not Acceptable) Suite,  
1911 N MILLS AVENUE  
Apt. #, Etc.  
City  
ORLANDO, FL  
State  
FL  
Zip Code  
32803

CR2E041 (1/14)  
4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 04/24/2018

6. FEI Number 35-2628694  
Applied For   
Not Applicable

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

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 John T. Lehr Date 10/20/2023  
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	JOHN T. LEHR	1911 N MILLS AVENUE	ORLANDO, FL 32803
MGR	MICHAEL GRAHAM	1911 N MILLS AVENUE	ORLANDO, FL 32803

11. E-mail Address: JUDY@SALTSMANPA.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 John T. Lehr Date 10/20/2023 Daytime Phone # 407-647-2899  
Typed or printed name of signing authorized representative/member JOHN T. LEHR