L93000000415

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -8 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93000000415

1. Limited Liability Company's Name

MFL, LTD. L.C.

9/26/03

2. Principal Office Address		3. Mailing Office Address	
2431 Cleveland Avenue		2431 Cleveland Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Fort Myers, FL		City & State: Fort Myers, FL	
Zip: 33901	Country: USA	Zip: 33901	Country: USA

4. State/Country of Formation: State of Florida, County of Lee

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 65-0461237 — 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: Mary Vlasak Snell, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry Street

Suite, Apt. #, Etc.:

City: Fort Myers — State: FL — Zip Code: 33901

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Mary Vlasak Snell — REGISTERED AGENT MUST SIGN — Date: 10/08/04

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Michael Lange	Tsingtauer Strasse 105	Munich, Germany 81827
Mem.	Christa Lange	Tsingtauer Strasse 105	Munich, Germany 81827
Mgr.	Heather Cieslik	2431 Cleveland Avenue	Fort Myers, FL 33901

REINSTATEMENT 2003-2004

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager: Heather Cieslik — Date: 10/7/2004 — Daytime Phone #: 239-332-3232

Heather Cieslik

Typed or printed name of signing Managing Member/Manager: Heather L.M. Cieslik