

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 21 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 94000000278

1. Limited Liability Company's Name

MEW RENTALS, LLC

2. Principal Office Address

713 US HWY ONE

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA

3. Mailing Office Address

RANDYS CARPETS

Suite, Apt. #, etc.

401 2ND ST

City & State

CORALVIEW, IA

Zip

52241

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/17/94

6. FEI Number

65-0517793

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

RANDY WARD

300003380223-9

-09/01/00--01053--023

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

6 BENTWOOD RD.

***200.00 ***200.00

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

Randy Ward

REGISTERED AGENT MUST SIGN

Date

8/17/00

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 |
|------------|--------------------------------------|---|-------------------------------|
| <u>MEM</u> | <u>RANDY P. WARD</u> | <u>401 2ND ST</u> | <u>CORALVIEW, IA 52241</u> |
| <u>MEM</u> | <u>JAMES MONDANARO</u> | <u>5420 N. OCEAN DR</u> | <u>SENGER ISLAND FL 33404</u> |
| <u>MEM</u> | <u>MAUREEN MONDANARO</u> | <u>5420 N. OCEAN DR</u> | <u>SENGER ISLAND FL 33404</u> |
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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

Randy Ward

Date

8/17/00

Daytime Phone #

319 354-4344

Typed or printed name of signing Managing Member/Manager

RANDY P. WARD