L99000001947

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

FILED
02 JUL 19 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000169080 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
02 JUL 19 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)205-0383

BK

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

RECEIVED
02 JUL 19 PM 1:19
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

MM CHAD L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$250.00

H02000169080

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
02 JUL 19 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001947

1. Limited Liability Company's Name

MM CHAD L.L.C.

2. Principal Office Address	3. Mailing Office Address
1130 South Powerline Road	1130 South Powerline Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
103	103
City & State	City & State
Deerfield Beach, FL	Deerfield Beach, FL
Zip / Country	Zip / Country
33442 / USA	33442 / USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: April 7, 1999

6. FEI Number: 65-0909670 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Manuel Gonsalves Chadinha

Street Address (P.O. Box Number is Not Acceptable): 1130 South Powerline Road

Suite, Apt. #, Etc.: 103

City: Deerfield Beach | State: FL | Zip Code: 33442

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: _____ REGISTERED AGENT MUST SIGN Date: July 19, 2002

CR2E041 (01/00)

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
M/OM	Manuel Gonsalves Chadinha	1130 S. Powerline Rd., #103	Deerfield Beach, FL 33442
M/VOM	Michael Chadinha	1130 S. Powerline Rd., #103	Deerfield Beach, FL 33442

REINSTATEMENT 2000-2002

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: _____ Date: 07/19/2002 Daytime Phone #: (954) 818-8375

Typed or printed name of signing Managing Member/Manager: Manuel Gonsalves Chadinha, Operating Manager/Member

H02000169080