

L9900002899

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 20 PM 1 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L9900002899

1. Limited Liability Company's Name

MARK FLIP ENTERPRISES, LLC

800006037308--3

-06/26/02--01028--013

****200.00 ****200.00

MJH

2. Principal Office Address

3. Mailing Office Address

10625 El Parasio Pl.

10625 El Parasio Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DelRay Beach, Florida

DelRay Beach, Florida

Zip

Country

Zip

Country

33446

USA

33446

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

5/20/99

6. FEI Number

Applied For

65-0922366

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

Gregory S. Band, Esq.

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

1680 Fruitville Road, Suite 102

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34236

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

Gregory S. Band
REGISTERED AGENT MUST SIGN

Date 4/17/02

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	Nicholas S. Philippoussis	10625 El Parasio Place	DelRay Beach, FL 33446

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

[Signature]

Date 5/22/02 Daytime Phone# 561/638-6296

Typed or printed name of signing Managing Member/Manager