

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 9900000 4834

1. Limited Liability Company's Name

MABRY FINANCIAL MANAGEMENT LLC

FILED

09 SEP 16 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

900160670289  
09/15/09--01013--006 \*\*516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

805 DOUGLAS AVE

Suite, Apt. #, etc.

#159

City & State

ATLANTON SPRINGS, FL

Zip

32714

Country

USA

3. Mailing Office Address

805 DOUGLAS AVE

Suite, Apt. #, etc.

#159

City & State

ATLANTON SPRINGS, FL

Zip

32714

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

2-2-1999

6. FEI Number

59-3592246

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

PAUL S. MABRY

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

1080 MADELINE AVE

Suite, Apt. #, Etc.

#1503

City

PORT ORANGE

State

FL

Zip Code

32129

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

Paul S. Mabry

Date

9-10-09

REGISTERED AGENT MUST SIGN

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>PRES</u>	<u>PAUL S. MABRY</u>	<u>1080 MADELINE AVE #1503</u>	<u>PORT ORANGE, FL 32129</u>
	<u>L. SELLERS</u>		
	<u>SEP 17 2009</u>		
	<u>EXAMINER</u>		

REINSTATEMENT 07-09

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

Paul S. Mabry

Date

9-10-09

Daytime Phone #

949-554-4132

Typed or printed name of signing Managing Member/Manager

PAUL S. MABRY