

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATION SERVICES

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004999

1. Limited Liability Company's Name

MECCA-RYAN L.C.

2. Principal Office Address

7965 Lantana Road

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33467

Zip

33467

Country

USA

3. Mailing Office Address

P. O. Box 540623

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33454

Zip

33454

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

FL / PALM BEACH / USA

5. Date Organized or Qualified To Do Business in Florida

7/19/99

6. FEI Number

67-094606

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Gary Smigiel, L.C.

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

7965 Lantana Road

Suite, Apt. #, Etc.

Lake Worth, FL 33467

City

Lake Worth

State

FL

Zip Code

33467

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/01

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
MGRM	Gary Smigiel, L. C.	7965 Lantana Road	Lake Worth, FL 33467
MGR	Thomas J. Mecca	7965 Lantana Road	Lake Worth, FL 33467
MGR	Wills Ryan	786 S. Military Road	Deerfield Park, FL 33442
MGR	Sonny Buchanan	786 S. Military Road	Deerfield Park, FL 33442

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

Daytime Phone #

561-968-3605

Typed or printed name of signing Managing Member/Manager

GARY SMIGIEL, L.C.

CR2E041 (9/01)