

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

2008 OCT -3 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10012008 REIN-LLC CR2E101 (1/07)

4. FEI Number **59-3614214** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L99000006432**

1. Entity Name  
**MSD-MATTIE, L.L.C.**



Principal Place of Business  
**641 CARL FLOYD ROAD  
WINTER HAVEN, FL 33884**

Mailing Address  
**PO BOX 7530  
WINTER HAVEN, FL 33883**

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

6. Name and Address of Current Registered Agent

**SCHREIBER, MARK E  
641 CARL FLOYD ROAD  
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **October 1, 2008**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50**

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SCHREIBER, MARK E<br>641 CARL FLOYD ROAD<br>WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>800136578488</b><br><b>10/02/08--01040--009 **238.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **October 1, 2008** DAYTIME PHONE # **863-647-1581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE