

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

06 FEB -8 AM 10:55

DOCUMENT # L99000009303

1. Limited Liability Company's Name

M & T ENTERPRISES, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

1001 - 3rd AVE. W.

Suite, Apt. #, etc.

SUITE 700

City & State

BRADENTON, FL

Zip

34205

Country

USA

3. Mailing Office Address

1001 - 3rd AVE. W.

Suite, Apt. #, etc.

SUITE 700

City & State

BRADENTON, FL

Zip

34205

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

12/29/1999

6. FEI Number

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

ROBERT E. CHRISTOPHER

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

1001 - 3rd AVE. W.

Suite, Apt. #, Etc.

SUITE 700

City

BRADENTON

State

FL

Zip Code

34205

400066205344

02/20/06--01049--015 **300.00

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 2/3/2006

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	ROBERT E. CHRISTOPHER	1001 - 3 rd AVE. W. SUITE 700	BRADENTON, FL 34205
MGRM	ANTONELLA MEYER-WOLDEN	PLAZA FIVE POINTS RESIDENCES UNIT 14-B 1404 - SOUTH CENTRAL AVE.	SARASOTA, FL 34236

REINSTATEMENT 03-06

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 2/3/2006

Daytime Phone # 941-748-1040

Typed or printed name of signing Managing Member/Manager