


M03000000159

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000000159 <small>Limited Liability Company Name</small> M+F Enterprises, LLC			
2. Principal Office Address - No P.O. Box 4505 Bannetrest <small>City & State</small> Orlando, FL <small>Zip</small> 32712		3. Mailing Office Address 1830 Sunset Palm Dr <small>City & State</small> Apopka, FL <small>Zip</small> 32712	
4. State/Country of Formation Texas		5. Date Organized or Existing To Do Business in Florida 01/15/2003	
6. FEI Number 95-2218252		7. CERTIFICATE OF STATUS DECIDED <input type="checkbox"/> 5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name: Michael Norman Street Address (P.O. Box Number is Not Accepted): 1830 Sunset Palm Dr. <small>City & State</small> Apopka, FL <small>Zip Code</small> 32712			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent: <i>[Signature]</i> Date: 8.14.2020 <small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Authorized Representative/Managers			
<small>Title</small>	<small>Name of Authorized Representative/Manager</small>	<small>Street Address of Each Authorized Representative/Manager</small>	<small>City / State / Zip</small>
MGR	Michael Norman	1830 Sunset Palm Dr Apopka, FL	32712
MGR	Francine Norman	1830 Sunset Palm Dr Apopka, FL	32712
11. E-mail Address: profrann@aol.com <small>(To be used for future annual report notifications)</small>			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that the information submitted to the Department of State constitutes a third degree felony as provided in s. 317.155, F.S. Signature of Authorized Representative/Manager: <i>[Signature]</i> Date: 8/14/2020 Telephone: 954-539-8281 <small>Typed or printed name of signing Authorized Representative/Manager</small> Francine Norman			

Reinst. 2004-2020
 DC
 08/14/20