


# M03000000159

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS													
<b>DOCUMENT #</b> M03000000159 <small>Limited Liability Company Name</small> M+F Enterprises LLC															
<b>1. Principal Office Address - No P.O. Box</b> 4505 Bannetrest <small>City &amp; State</small> Orlando, FL 32712		<b>3. Mailing Office Address</b> 1830 Sunset Palm Dr <small>City &amp; State</small> Apopka, FL 32712													
<b>4. State/Country of Formation</b> Texas		<b>5. Date Organized or Existing To Do Business in Florida</b> 01/15/2003													
<b>6. FEI Number</b> 95-2218252		<b>7. CERTIFICATE OF STATUS DECIDED</b> <input type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>													
<b>8. Name and Address of Current Registered Agent</b> Name: Michael Norman Street Address: 1830 Sunset Palm Dr. City: Apopka, FL 32712															
<b>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.</b> Signature of Registered Agent: <i>[Signature]</i> Date: 8.14.2020 <small>REGISTERED AGENT MUST SIGN</small>															
<b>10. Names and Street Addresses of Authorized Representative/Managers</b> <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Authorized Representative/Manager</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Michael Norman</td> <td>1830 Sunset Palm Dr</td> <td>Apopka, FL 32712</td> </tr> <tr> <td>MGR</td> <td>Francine Norman</td> <td>1830 Sunset Palm Dr</td> <td>Apopka, FL 32712</td> </tr> </tbody> </table>				Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	Michael Norman	1830 Sunset Palm Dr	Apopka, FL 32712	MGR	Francine Norman	1830 Sunset Palm Dr	Apopka, FL 32712
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip												
MGR	Michael Norman	1830 Sunset Palm Dr	Apopka, FL 32712												
MGR	Francine Norman	1830 Sunset Palm Dr	Apopka, FL 32712												
<b>11. E-mail Address:</b> profrann@aol.com															
<b>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.</b> 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