

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB -3 AM 11:32

DOCUMENT # M03000001066

1. Limited Liability Company's Name

MIDWEST AMERICA FINANCIAL
COMPANY LLC

400142271734
01/28/09--01021--022 **516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

419 TRUMAN AVE

Suite, Apt. #, etc.

#1

City & State

KEY WEST, FL

Zip

33040

Country

USA

3. Mailing Office Address

419 TRUMAN AVE

Suite, Apt. #, etc.

#1

City & State

KEY WEST, FL

Zip

33040

Country

USA

4. State/Country of Formation

NEVADA - USA

**5. Date Organized or Qualified
To Do Business in Florida**

2/26/03

6. FEI Number

83-0350380

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Annual Fee required
for all entities in status

8. Name and Address of Current Registered Agent

Name

RICHARD BIRKENWALD ESQ.

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

17101 NE 19TH AVE

Suite, Apt. #, Etc.

SUITE 203

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

**Signature of
Registered Agent**

Richard Birkenwald

REGISTERED AGENT MUST SIGN

Date

01/21/2009

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
MGR	DAVID KESSMAN	419 TRUMAN AVE #1	KEY WEST, FL 33040

REINSTATEMENT 2007-09 JB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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

1-21-09

Daytime Phone #

305.984.1911

Typed or printed name of signing Managing Member/Manager

[Signature]