

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000001268

1. Limited Liability Company's Name

MLC, L.L.C.

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

77 Baybridge Office Pk

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 99

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL 32561

Zip

Country

32561

Santa Rosa

City & State

Gulf Breeze, FL

Zip

Country

32562

Santa Rosa

8. Name and Address of Current Registered Agent

Name

Mark Lyons III

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

77 Baybridge Office Park

Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

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

Mark Lyons III

REGISTERED AGENT MUST SIGN

Date

11-16-2005

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR.	MARK LYONS III	77 Baybridge Office Pk	Gulf Breeze, FL 32561

11. E-mail Address:

(To be used for future annual report notifications)

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 requirement 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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Mark Lyons III

Date

Daytime Phone #

850341-4400

Typed or printed name of signing authorized representative/member

Mark Lyons III

900279275589
11/18/15--01025--014 **1071.25

CR2E041 (1/14)

4. State/Country of Formation

Alabama / Mobile

5. Date Organized or Qualified
To Do Business in Florida

04/23/2003

6. FEI Number

63-1130968

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

Reci. - 2009-2015
12/15/15