

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 17 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *MO4000002419*

1. Limited Liability Company's Name

**ME Holdings, LLC**

CR2E041 (1/07)

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

**253 Corby Court**

Suite, Apt. #, etc.

3. Mailing Office Address

**253 Corby Court**

Suite, Apt. #, etc.

City & State

**Castle Rock, CO**

City & State

**Castle Rock, CO**

Zip

**80104**

Country

**USA**

Zip

**80104**

Country

**USA**

4. State/Country of Formation

**Colorado**

5. Date Organized or Qualified  
To Do Business in Florida

**6/21/04**

6. FEI Number

**20-1263888**

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  
**CT Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City  
**Plantation**

State

**FL**

Zip Code

**33324**

☐ 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, **James Martin** accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**4/11/07**

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.	Edward Aabak	253 Corby Court	Castle Rock, CO 80108
Mgr.	Michael Jacoby	451 Sawmill Creek Dr.	Evergreen, CO 80439
			800101936078 05/09/07 01008 024 **250.00
			REINSTATEMENT 05-07

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 **3/30/07**

Daytime Phone # **720-733-9037**

Typed or printed name of signing Managing Member/Manager

**Edward Aabak, Manager**