PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 JUL -2 PM 12:10

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400315400584

CR2E041 (1/14)

DOCUMENT # M11000001221

1. Limited Liability Company's Name
MacNinis, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3035 Bear Point Drive	3035 Bear Point Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City FL	City & State: Panama City FL
Zip: 32408 Country:	Zip: 32408 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/8/11

6. FEI Number: 27-4864289 ☐ 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: George McInnis

Street Address (P.O. Box Number is Not Acceptable) Suite,: 3035 Bear Point Drive

Apt. #, Etc.:

City: Panama City | State: FL | Zip Code: 32408

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: George C. McInnis Date: 6/26/18

REGISTERED AGENT MUST SIGN

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	George E. McInnis	3035 Bear Point Drive	Panama City, FL 32408
MGR	Sheriff P McInnis	17320 Panama City Beach Pkwy Ste. 107	Panama City Beach, FL 32413
MGR	Carlos Martin	601 Main	Minden, LA 71055

11. E-mail Address: carlos@wmccpa.biz
(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: George C. McInnis Date: 6/26/18 Daytime Phone #: 318-272-3414

Typed or printed name of signing authorized representative/member: George E. McInnis

JUL - 2 2018

A. WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 281993 8128557

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : June 29, 2018

ORDER TIME : 9:02 AM

ORDER NO. : 281993-005

CUSTOMER NO: 8128557

REINSTATEMENT

NAME: MACNINE, LLC

18 JUL -2 AM 10:44

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS _____