

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY -6 P 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032470

1. Limited Liability Company's Name
MG Holdings LLC

2. Principal Office Address 18851 NE 29th Avenue		3. Mailing Office Address 18851 NE 29th Avenue	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country USA	Zip 33180	Country USA

4. State/Country of Formation FL USA.	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 90-0062106	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Alex D. Sirulnik, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Avenue		
Suite, Apt. #, Etc. 900		
City Aventura	State FL	Zip Code 33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 04/28/04
REGISTERED AGENT MUST SIGN

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	Manuel Grosskopf	18851 NE 29 Ave # 900	Aventura, FL 33180

REINSTATEMENT 02 03
FL

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 X  Date 04/28/04 Daytime Phone# 786-279-0000

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)