


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 MAR 28 AM 11:26

DOCUMENT # L05000044586		
1. Entity Name MGF FRAMING, LLC		

Principal Place of Business 3424 OLD ST AUGUSTINE RD #31 TALLAHASSEE, FL 32311 US	Mailing Address 3424 OLD ST AUGUSTINE RD #31 TALLAHASSEE, FL 32311 US
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600226498536
03/28/12--01007--022 **377.50



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03282012 REIN-LLC CR2E101 (12/11)

City & State	City & State
Zip	Country

4. FEI Number 43-2084917	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	
FERNANDEZ, MARIO G 3424 OLD ST AUGUSTINE RD #31 TALLAHASSEE, FL 32311	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FERNANDEZ, MARIO G 3424 OLD ST AUGUSTINE RD #31 TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FERNANDEZ, PAMELA G 3424 OLD ST AUGUSTINE RD #31 TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2011-2012

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	E-MAIL ADDRESS
	MGMR 3/28/12 mgfframingllc@yahoo.com	