PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2001-2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
WR5-/21

02 MAY -6 AM 10: 33

DOCUMENT # L 000000001093

1. Limited Liability Company's Name

MG FINANCIAL SERVICES, LLC

2. Principal Office Address

3005 CARING WAY

Suite, Apt. #, etc.

SUITE A

City & State

PORT CHARLOTTE

Zip	Country
33952	CHARLOTTE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip	Country

4. State/Country of Formation

FLORIDA, CHARLOTTE

5. Date Organized or Qualified To Do Business in Florida 09/08/99

6. FEI Number 65-1041362
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

J. SCOTT JOINER

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

3005 CARING WAY

Suite, Apt. #, Etc.

SUITE A

City

PORT CHARLOTTE

State	Zip Code
FL	33952

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****200.00 ****200.00

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 _____

REGISTERED AGENT MUST SIGN

Date 4/30/02

CR2E041 (9/00)

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
MEMBER	BRIAN W. CROSLAND	3005 CARING WAY, STE A	PORT CHARLOTTE, FL 33952
MEMBER	J. SCOTT JOINER	3005 CARING WAY, STE A	PORT CHARLOTTE, FL 33952
MEMBER	CHRISTOPHER J. EDBROOKE	3005 CARING WAY, STE A	PORT CHARLOTTE, FL 33952
	REINSTATEMENT 2001-2002		

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 4/30/02

Daytime Phone # (941) 629-1197

Typed or printed name of signing Managing Member/Manager J. SCOTT JOINER

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