

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
02 APR 15 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000006626

1. Limited Liability Company's Name

MGM OF WEST FLORIDA LLC

900005326719--2
-04/23/02--01064--013
****200.00 ****200.00

2. Principal Office Address

7733 ST RD 72

3. Mailing Office Address

P O BOX 5848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34241

Country

SARASOTA

Zip

34277

Country

SARASOTA

4. State/Country of Formation

FLORIDA SARASOTA COUNTY

**5. Date Organized or Qualified
To Do Business in Florida**

JUNE 6 2000

6. FEI Number

65-1027025

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

JANES A MCLEOD

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

11451 M J ROAD

Suite, Apt. #, Etc.

MYAKKA CITY

City

MYAKKA CITY

State

FL

Zip Code

34251

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 4-12-02

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
PRES	JAMES A MCLEOD	11451 M J RD	MYAKKA CITY FL 34251
V PRES	CHARLIE MCLEOD	6152 279th ST E	MYAKKA CITY FL 34251
			AL

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 4-12-02

Daytime Phone # 941-724-1564

JAMES MCLEOD

Typed or printed name of signing Managing Member/Manager