

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

**L00000009194**

FILED  
3 NOV 14 PM 4:44  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000009194

Name and Mailing Address

0015679 01 MB 0.309 \*\*AUTO T8 0 0615 21401-131014  
MHG FORT PIERCE, LLC  
114 ANNAPOLIS ST.  
ANNAPOLIS MD 21401-1310

*PK*  
*PK*



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/27/2000	
Principal Place of Business 114 ANNAPOLIS ST. ANNAPOLIS MD 21401	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2566517	Applied For Not Applicable
8. Name and Address of Current Registered Agent JACOBSON, ANDREW M 712 US HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		100024896891	
		11/21/03--01003--020 **150.00	
City		FL Zip Code	

10. 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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/13/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BURRUSS, WILLIAM F JR	114 ANNAPOLIS ST	ANNAPOLIS MD 21401

**REINSTATEMENT 2003**

*PK*

12. 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 *[Signature]* Date 11/13/03 Daytime Phone # 410-280-8990

Typed or printed name of signing Managing Member/Manager William F. Burruss, Jr.

CR2E084 (7/03)