

L00000015867

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 20 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015867

1. Limited Liability Company's Name
MAJOR LC

9/28/01

600021175176
06/27/03--01039--024 **250.00

2. Principal Office Address
1220 N. Market St.

3. Mailing Office Address
1220 N. Market St.

Suite, Apt. #, etc.
Suite 606

Suite, Apt. #, etc.
Suite 606

City & State
Wilmington, DE

City & State
Wilmington, DE

Zip Country
19801 USA

Zip Country
19801 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **12/20/2000**

6. FEI Number 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
Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1333 Duval Street

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32302

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 _____

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
MGRM	Saturn Investment Group, SA	#302 East Bldg #34/20 Cuba Ave & 34th	Panama City 5, Panama
MGRM	Star Group Finance & Holdings, Inc.	#302 East Bldg #34/20 Cuba Ave & 34th	Panama City 5, Panama

REINSTATEMENT 2001-2003

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 **6-19-03** Daytime Phone # **302-421-5752**

Typed or printed name of signing Managing Member/Manager **Janet M. Caruccio, Power of Attorney for member**

CR2ED41 (10/02)