

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

L00000016354

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

02 APR 26 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000016354**
1. Limited Liability Company's Name
MRC Program management LLC

2. Principal Office Address
2008 Riverside Ave
Suite, Apt. #, etc.
Ste 200
City & State
JACKSONVILLE, FL
Zip
32204

3. Mailing Office Address
9/28/01
Suite, Apt. #, etc.
City & State
Zip
Country

4. State/Country of Formation
FLORIDA
5. Date Organized or Qualified To Do Business in Florida
6. EEL Number
59-369 1873
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
Carlton Jones
Street Address (P.O. Box Number is Not Acceptable)
2008 RIVERSIDE AVE Ste 200
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32204

500005635265-3
-06/06/02--01088-002
*****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 **[Signature]** Date _____
REGISTERED AGENT MUST SIGN

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
MGR	Carlton Jones	2008 Riverside Ave Ste 200	JACKSONVILLE FL 32204

REINSTATEMENT 2001-2002

[Signature]

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 **[Signature]** Date _____ Daytime Phone # **(904) 396-9910**

Typed or printed name of signing Managing Member/Manager **CARLTON D. JONES**

CR2E041 (9/01)