

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


18 MAY -1 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/01/18--01023--016 **957.50

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000003039

1. Limited Liability Company's Name
M&G PROPERTIES, LLC

2. Principal Office Address - No P.O. Box # 538 COASTAL OAK LANE		3. Mailing Office Address SAME	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State ATLANTIC BEACH, FL		City & State	
Zip 32233	Country USA	Zip	Country

REINSTATEMENT 2013-18

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida **02/26/2001**

6. FEI Number **01-0645564** 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
BLACKBURN & COMPANY, LC

Street Address (P.O. Box Number is Not Acceptable) Suite.
5150 BELFORT RD. SO.

Apt. #, Etc.
BLDG. 500

City
JACKSONVILLE

State
FL

Zip Code
32256

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Dina Blackburn* Date *4/20/18*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	GREGORY E. BOLTON	583 COASTAL OAK LANE	ATLANTIC BEACH, FL 32233

11. E-mail Address **GREGBOLTON859@GMAIL.COM**

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member *Gregory E Bolton* Date Daytime Phone # **904-372-0669**

Typed or printed name of signing authorized representative/member **GREGORY E. BOLTON, MANAGER**