


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
18 MAY -1 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

500312862195
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 Suite Apt. #, etc. City & State ATLANTIC BEACH, FL Zip Country 32233 USA		3. Mailing Office Address SAME Suite Apt. #, etc. City & State Zip Country	
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 State Zip Code JACKSONVILLE FL 32256		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 <input type="checkbox"/> Not Applicable <input type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
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 <u><i>Gregory E. Bolton</i></u> Date <u>4/20/18</u> 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 <u><i>Gregory E. Bolton</i></u> Daytime Phone # 904-372-0669 Typed or printed name of signing authorized representative/member GREGORY E. BOLTON, MANAGER			