
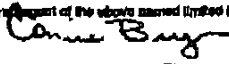
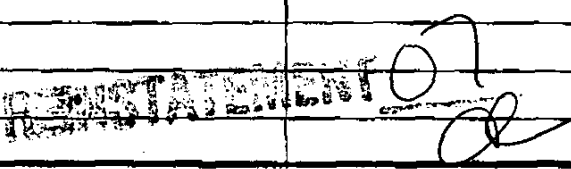
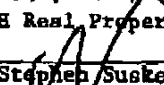


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000006422 1. Limited Liability Company's Name MGP Sarsota, LLC			
2. Principal Office Address - No P.O. Box # 100 Milverton Drive		3. Mailing Office Address 100 Milverton Drive	
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc. Suite 700	
City & State Mississauga, Ontario		City & State Mississauga, Ontario	
Zip LSR 4H1	Country Canada	Zip LSR 4H1	Country Canada
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 4-25-01			
6. FEI Number 91-2121625		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS OBTAINED <input type="checkbox"/>			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation			
		State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, do hereby sign and accept the obligations of Chapter 806, F.S. Signature of Registered Agent  CONNIE BRYAN SPECIAL ASSISTANT SECRETARY			
REGISTERED AGENT MUST SIGN 9/5/07			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CSH Real Property 1, LLC	100 Milverton Drive, Suite 700	Mississauga, Ontario Canada L5R 4H1
			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 806, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company now satisfies the requirements of section 806.406, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. CSH Real Property 1, LLC, Sole Member Signature of Managing Member/Manager  Stephen Suske, Authorized Representative Date 10/5/07 Daytime Phone #			
Typed or printed name of signing Managing Member/Manager			

FL118 - 1/18/07 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT

MGP SARASOTA, LLC

Certificate of Status	:(cc)	1
Certified Copy		1
Page Count		02
Estimated Charge		\$160.00

\$185.00 = 190.⁰⁰

Note: Customer is requesting (1) cus and (1) cc Certified Copy with evidence

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