1062

FILED

2007 OCT -8 A 11: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L01000006423

1. Limited Liability Company's Name
MGP Orange City, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
100 Milverton Drive		100 Milverton Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 700		Suite 700	
City & State		City & State	
Mississauga, Ontario		Mississauga, Ontario	
Zip	Country	Zip	Country
L5R 4H1	Canada	L5R 4H1	Canada

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida: 4-25-01

6. FEI Number: 91-2121623 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

☐ 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] SPECIAL ASSISTANT SECRETARY Date: 9/5/07

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
MGRM	CSH Real Property 1, LLC	100 Milverton Drive, Suite 700	Mississauga, Ontario Canada L5R 4H1

REINSTATEMENT 07 [initials]

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.

CSH Real Property 1, LLC, Sole Member

Signature of Managing Member/Manager: [signature] Date: 10/5/07 Daytime Phone #: ______

Stephen Suske, Authorized Representative

Typed or printed name of signing Managing Member/Manager

FL118 - 1/07 CT System Online

2062

Florida Department of State

Division of Corporations
Public Access System

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Division of Corporations
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date of submission 10/8

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

MGP ORANGE CITY, LLC

Certificate of Status (CC)	1
Certified Copy	1
Page Count	02
Estimated Charge	~~$160.00~~

$ 190.00

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