

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
L01000013595
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013595

Name and Mailing Address

0003181 01 FP 0.352 **PRSR TO 0 0615 33308-513540
MDG FAMILY ENTERPRISES LLC
1919 N.E. 45TH STREET
SUITE 115
FT. LAUDERDALE FL 33308-5135

200008936262
11/12/02--01085--006--\$150.00



2. New Mailing Address

S A M E

City, State, Zip

S A M E

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/14/2001

Principal Place of Business

1919 N.E. 45TH STREET
SUITE 115
FT. LAUDERDALE FL 33308

3. New Principal Place of Business Address

S A M E

City, State, Zip

S A M E

6. FEI Number

65-1129776

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

OTHEL TURNER & COMPANY (OTHEL TURNER)

Street Address (P.O. Box Number is Not Acceptable)

5787 WEST SUNRISE BLVD.

PLANTATION, FL 33313

City

PLANTATION, FL

FL

Zip Code

33313

10. 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

Othel Turner
REGISTERED AGENT MUST SIGN

Date

11/7/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PITTMAN, LAURIE	1919 N.E. 45TH STREET	FT. LAUDERDALE FL 33308

12. 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

Laurie Pittman

Date

11-1-02

Daytime Phone

954-772-4512