

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 10:40

DOCUMENT # LD1000014023

1. Limited Liability Company's Name

MF Holdings, L.L.C.

100065833961
02/14/06--01037--009 **305.00

CR2E041 (8/05)

2. Principal Office Address

1100 Par-View Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1100 Par View Dr.

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip 33957 Country USA

City & State

Sanibel, FL

Zip 33957 Country USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/21/2001

6. FEI Number

651131743

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

Ken Noble South Florida Club Management, LLC

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

1100 Par View Drive

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

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

Ken Noble

REGISTERED AGENT MUST SIGN

Date

1/19/06

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
MEM	<u>Murray Flood</u>	<u>238 Old Abbey Rd.</u>	<u>Waterloo, Ontario N2K2N7</u>

REINSTATEMENT 03-06

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.

Signature of
Managing Member/Manager

Murray Flood

Date

1/19/06

Daytime Phone #

239 247 3183

Typed or printed name of signing Managing Member/Manager

Murray Flood