▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 18 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004164

Name and Mailing Address

600025629366
04-01083--008 **50.00

0003725 01 AT 0.292 **AUTO T6 0 0615 32819-525775

MANAGEMENT ONE, LLC
7380 SAND LAKE ROAD, SUITE #350
ORLANDO FL 32819-5257

2. New Mailing Address: 127 W. Church Street, Ste #350
City, State, Zip: Orlando, FL 32801

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 02/15/2002

Principal Place of Business: 7380 SAND LAKE ROAD, SUITE #350, ORLANDO FL 32819

3. New Principal Place of Business Address: 127 W. Church St.
City, State, Zip: Orlando, FL 32801

6. FEI Number: 01-0619437 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

MCDONALD, GREG
7380 SAND LAKE ROAD, SUITE #350
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name
Street Address: 127 W. Church Street Ste. #350
City: Orlando FL 32801

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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	Greg McDonald	127 W. Church St.	Orlando, FL 32801

600025629366
12/19/03--01025--006 **150.00

REINSTATEMENT 2003-2004

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 SIGN HERE _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Greg McDonald