

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000006721**

1. Limited Liability Company's Name

GHG Magnolia Cove LLC

05

2. Principal Office Address - No P.O. Box #

120 Forbes Boulevard

Suite, Apt. #, etc.

180

City & State

Mansfield, MA

Zip

02048

Country

US

3. Mailing Office Address

120 Forbes Boulevard

Suite, Apt. #, etc.

180

City & State

Mansfield, MA

Zip

02048

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

March 19, 2002

6. FEI Number

03-0422860

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

Brian J. McDonough

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

Stearns Weaver Miller, 150 W. Flagler Street

Suite, Apt. #, Etc.

Suite 2200

City

Miami

State

FL

Zip Code

33130

☐ 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.

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]

REGISTERED AGENT MUST SIGN

Date

2/18/08

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
MGR	The Gatehouse Group, Inc.	120 Forbes Blvd., Suite 180	Mansfield, MA 02048
MGRM	David J. Canepari	120 Forbes Blvd., Suite 180	Mansfield, MA 02048
MGRM	Marc S. Plonskier	120 Forbes Blvd., Suite 180	Mansfield, MA 02048

REINSTATEMENT

2005-2008

300118447653

02/20/08--01031--018 **321.25

300118447653

02/20/08--01031--019 **334.75

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

[Signature]

Date **2/14/08**

Daytime Phone # **508-337-2525**

Typed or printed name of signing Managing Member/Manager **Marc S. Plonskier**

FILED
08 FEB 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)