

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

03 DEC 18 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011289

Name and Mailing Address

0002292 01 AT 0.292 **AUTO T1 0 0615 32501-200208



MG PROPERTIES EAST, LLC.
1308 NORTH BARCELONA STREET
PENSACOLA FL 32501-2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

1308 NORTH BARCELONA STREET
PENSACOLA FL 32501

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

05/06/2002

6. FEI Number

04-3669414

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

WATSON, GARY A
1308 NORTH BARCELONA STREET
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

SIGNATURE REQUIRED

Date 12/9/03

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
Manager	GARY A. WATSON	1308 N. Barcelona St.	PENSACOLA, FL 32501

900025600419
12/18/03-01020-006 **150.00

RECEIVED

03
OR

12. I certify that I am managing member/manager of 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 REQUIRED

Date 12/9/03

Daytime Phone # 850-232-7576

Typed or printed name of signing Managing Member/Manager

GARY A. WATSON