


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |   |   |
|--|---|---|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Glenda E. Hood</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

FILED

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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



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|--|--|--|--|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>FL                                    |  |
| City, State, Zip   |  | 5. Date Organized or Qualified To Do Business in Florida<br>05/06/2002 |  |
| Principal Place of Business<br>1308 NORTH BARCELONA STREET<br>PENSACOLA FL 32501 | 3. New Principal Place of Business Address<br>City, State, Zip | 6. FEI Number<br>04-3669414  | Applied For<br>Not Applicable                              |
|  |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>              | \$5.00 Additional Fee required for a Certificate of Status |

|  |  |  |  |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent<br>WATSON, GARY A<br>1308 NORTH BARCELONA STREET<br>PENSACOLA FL 32501 |  | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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] **SIGNATURE REQUIRED** Date 12/9/03  
 REGISTERED AGENT MUST SIGN

| 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 |
|          |                                   |  |                     |
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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] **SIGNATURE REQUIRED** Date 12/9/03 Daytime Phone # 850-232-7576  
 Typed or printed name of signing Managing Member/Manager GARY A. WATSON

CR2E084 (7/03)