


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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SEC. OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 20 AM 11:03

**DOCUMENT #**

1. Limited Liability Company's Name

M, C. INVESTMENTS ~~LLC~~ Holding LLC

L020000015012

200067313662  
03/07/06--01029--009 \*\*100.00  
CR2E041 (8/05)

2. Principal Office Address

345 WEST DR.

Suite, Apt. #, etc.

3. Mailing Office Address

345 WEST DR.

Suite, Apt. #, etc.

City & State

Mel. FLORIDA

City & State

Mel. FLORIDA

Zip

32904

Country

U.S.A.

Zip

32904

Country

U.S.A.

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

6/17/2002

6. FEI Number

900089930

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

TIMOTHY M. MCKOWEN

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

345 WEST DR.

Suite, Apt. #, Etc.

City

Mel BOURNE

State

FL

Zip Code

32904

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

TIMOTHY M. MCKOWEN

Date

2/9/06

REGISTERED AGENT MUST SIGN

**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) President	TIMOTHY M. MCKOWEN	345 WEST DR.	Mel, FLORIDA 32904

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

TIMOTHY M. MCKOWEN

Date

2/9/06

Daytime Phone #

321-676-0770

Typed or printed name of signing Managing Member/Manager

TIMOTHY M. MCKOWEN

2/15/06

Dear Division of Corp. -  
You mailed my renewal forms to  
the wrong address, you sent them  
to 53 Venetian way and we were at  
5-B Venetian way. I'm sending you  
a \$100.00 check to you for 2005 + 2006  
to keep me current.

Sincerely

Timothy M. McKown

Re: M.C. Investments + Holdings LLC  
FEI# - 9000 89930