

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

06 FEB 24 AM 9:41

**DOCUMENT # L02000022782**

**1. Limited Liability Company's Name**

MPRH Investments No. 3, LLC

**2. Principal Office Address**

54 Hernandez

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip  
32137

Country  
USA

**3. Mailing Office Address**

54 Hernandez

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip  
32137

Country  
USA

000067306180

03/07/06--01018--029 \*\*300.00

CR2E041 (8/05)

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

9/3/02

**6. FEI Number**

75-3082390

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

Mary C. Pitcher

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

54 Hernandez

Suite, Apt. #, Etc.

City

Palm Coast, FL

State

FL

Zip Code

32137

**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

Date 2/14/06

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
	MPRH Management Group,	54 Hernandez	Palm Coast, FL 32137
	LLC, Mary Pitcher, Mgr.		

**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

Date 2/14/06 Daytime Phone # (770) 427-0285

Typed or printed name of signing Managing Member/Manager **Mary C. Pitcher**