

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
STATE
DIVISIONS
FEB 24 AM 9:42

DOCUMENT # L02000026437

1. Limited Liability Company's Name

MPRH Investment No. 5, L.L.C.

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

200067306322
03/07/06--01018--031 **300.00
CR2E041 (8/05)

4. State/Country of Formation

Florida

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

10/7/02

6. FEI Number

68-6223614

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/14/06

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
	Pitcher/Heimerich Family	2387 Forestmont Court	Marietta, GA 30062
	Trust c/o Donna Williams,		
	Trustee		

REINSTATEMENT 03-06

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

2/16/06

Daytime Phone #

404-630-9205

Typed or printed name of signing Managing Member/Manager

Donna Williams, Trustee