

L02000028181

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028181

1. Limited Liability Company's Name

MAM PROPERTIES IV LLC
1619 SE 14th Street
Fort Lauderdale, FL 33316

2. Principal Office Address

1619 SE 14th Street
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

915 Middle River Drive
Suite, Apt. #, etc.
Suite 506

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/24/02

6. FEI Number

04-3728816

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

George R. Moraitis, Jr.

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

915 Middle River Drive, Suite 506

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33304

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 12/17/03

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
MGRM	Michael A. Muchnicki	1619 S.E. 14 Street	Fort Lauderdale, FL 33316

REINSTATEMENT 2003

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12/18/03-01037-024 **155.0

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 12/17/03 Daytime Phone# 954-563-4163

Typed or printed name of signing Managing Member/Manager Michael A. Muchnicki, Managing Member