

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **602000033300**

1. Limited Liability Company's Name

MMR II, LLC

2. Principal Office Address - No P.O. Box #

1750 North Florida Mango Rd., Suite 103

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33409

Country

USA

3. Mailing Office Address

1750 North Florida Mango Rd., Suite 103

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33409

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/4/2008

6. FEI Number

26-2680789

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Sue G. Knight

**Sue G. Knight
as its agent**

Date

5-1-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	John Metz	1750 North Florida Mango Road, Suite 103	West Palm Beach, FL 33409

REINSTATEMENT

MAY 01 2014

R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

John Metz

Date

4/30/14

Daytime Phone #

561-296-0293

Typed or printed name of signing Authorized Representative/Manager

John Metz



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 115091 7385507

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : May 1, 2014

ORDER TIME : 12:09 PM

ORDER NO. : 115091-005

CUSTOMER NO: 7385507

DOMESTIC FILINGS

NAME: MMR II, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Chasity Busbee - Ext# 62974 MAY 01 2014

EXAMINER'S INITIALS R. HUNT