

Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L02000034054

AND
FILED

03 NOV 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034054

Name and Mailing Address

0013500 01 AT 0.292 **AUTO T9 0 0615 33556-185715

MABRY PROPERTIES LLC

6415 THOROUGHbred LOOP
ODESSA FL 33556-1857

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/18/2002	
Principal Place of Business 6415 THOROUGHbred LOOP ODESSA FL 33556	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent JONES, GARY D 6415 THOROUGHbred LOOP ODESSA FL 33556		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/21/07</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gary D. Jones	6415 Thoroughbred Loop	Odessa, FL 33556
12. 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/21/07</u> Daytime Phone # <u>913/913-3055</u>			
Typed or printed name of signing Managing Member/Manager			

CR2EC34 (7/03)

500024950625
11/24/03--01024--005 **150.00

JD