

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 APR 22 PM 3:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017345

1. Limited Liability Company's Name

MG Development, LLC

2. Principal Office Address

1591 Estuary Trail

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

1591 Estuary Trail

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/12/2003

6. FEI Number

56-2384974

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

Michael J. Ivan, Jr Esq.

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

One Independent Drive, Suite 3131

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

4/20/05

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
MGR	Melanie K. Barba	1591 Estuary Trail	Delray Beach, Florida 33483

**REINSTATEMENT** 2004-05

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

4-18-05

Daytime Phone#

561 278 1163

Typed or printed name of signing Managing Member/Manager

Melanie K. Barba

CR20041 (10/02)