

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 MAY -1 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500259770055  
CR2E041 (1/14)

DOCUMENT # Lo30600 23265

1. Limited Liability Company's Name

MMR VII, LLC

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

1800 Old Okeechobee Rd., #100

Suite, Apt. #, etc.

3. Mailing Office Address

1800 Old Okeechobee Rd., #100

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida  
6/18/2003

6. FEI Number

20-0094890

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

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  
Assistant Vice President

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 C. Metz	1800 Old Okeechobee Rd., #100	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 605, 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

Date

4/30/14

Daytime Phone #

81-296-0293

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 : 2:27 PM

ORDER NO. : 115091-025

CUSTOMER NO: 7385507

DOMESTIC FILINGS

NAME: MMR VII, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - Ext# 52925

EXAMINER'S INITIALS

MAY 01 2014

R. HUNT

RECEIVED  
DEPARTMENT OF STATE  
14 MAY - 1 PM 4:32