

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000027464

1. Entity Name
MHK DEVELOPMENT, LLC



2004 OCT 26 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 11/10/04

Principal Place of Business
1492 PULASKI STREET
PORT CHARLOTTE, FL 33952

Mailing Address
1492 PULASKI STREET
PORT CHARLOTTE, FL 33952

REINSTATEMENT 2004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10082004 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
20-0139104

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name
KARLSTEDT, MAGNUS
Street Address (P.O. Box Number is Not Acceptable)
1492 PULASKI STREET
City
PORT CHARLOTTE FL Zip Code
33952

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

MAGNUS KARLSTEDT, MGR

(NOTE: Registered Agent signature required when reinstating)

DATE

10/14/04

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MAGNUS KARLSTEDT, MGR.

Date

Daytime Phone #

10/14/04

REINSTATEMENT 2004