



2010 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | | | |
|---|---|---|--|---|--|---|--|
| DOCUMENT # L03000057574 1. Entity Name MGS CONSTRUCTION LLC | | | |  | | FILED 10 OCT 11 AM 11:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| Principal Place of Business 6515 WOODVILLE HWY TALLAHASSEE, FL 32305 | | | | Mailing Address 6515 WOODVILLE HWY TALLAHASSEE, FL 32305 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 14462 Nw State Road 20 | | | | 10112010 REIN-LLC CR2E101 (1/07) 4. FEI Number 04-3743809 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | | | | | |
| City & State | | City & State Bristol Florida | | | | | |
| Zip | | Country | | Zip 32321 | | Country Liberty | |
| 6. Name and Address of Current Registered Agent GARCIA, MIGUEL 6515 WOODVILLE HWY TALLAHASSEE, FL 32305 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14462 Nw State Road 20 City Bristol FL Zip Code 32321 | | | |
| 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 <u>Miguel Garcia</u> (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | | | |
| FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARCIA, MIGUEL 6515 WOODVILLE HWY TALLAHASSEE, FL 32305 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14462 Nw State Road 20 Bristol FL 32321 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600186524656 10/11/10--01011--003 **298.75 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Miguel Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | |