PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 OCT -6 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000063062

1. Limited Liability Company's Name

MWC REAL ESTATE, LLC

500161182705
09/30/09--01034--008 **693.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1111 NE 25TH AVENUE		5030 SE 14TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 320			
City & State		City & State	
OCALA FL		OCALA FL	
Zip	Country	Zip	Country
34470	US	34471	US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 08/25/2004

6. FEI Number
NONE
☐ 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
R WILLIAM FUTCH PA

Street Address (P.O. Box Number is Not Acceptable)
610 SE 17TH STREET

Suite, Apt. #, Etc.

City	State	Zip Code
OCALA	FL	34471

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date 9/29/09
REGISTERED AGENT MUST SIGN

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	MARTIN W CUNNINGHAM	5030 SE 14TH PLACE	OCALA FL 34471
		REINSTATEMENT	05-09 AL

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 _____ Date 9/29/09 Daytime Phone # 352-622-2221

Typed or printed name of signing Managing Member/Manager MARTIN W CUNNINGHAM