

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000084646

1. Limited Liability Company's Name

MGW Properties, LLC

100162954781
11/19/09--01030--007 **277.50

CR2E041 (10/08)

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

5147 S. Lakeland Dr.

3. Mailing Office Address

5147 S. Lakeland Dr.

Suite, Apt. #, etc.

Ste 4

Suite, Apt. #, etc.

Ste 4

City & State

Lakeland, FL

City & State

Lakeland FL

Zip

33813

Country

USA

Zip

33813

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

11/22/2004

6. FEI Number

201891163

☒ 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: Thomas J. Debari

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

5137 S. Lakeland Dr.

Suite, Apt. #, Etc.

Ste 3

City

Lakeland FL

State

FL

Zip Code

33813

☒ 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 11/16/09

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 | Mark P. Wilson | 1029 Chalfont Lane | Lakeland FL 33813 |
| MGR | Gail Wilson | 1029 Chalfont Lane | Lakeland, FL 33813 |
| REINSTATEMENT 2008-09 | | | |
| S. HAWKES NOV 30 2009 EXAMINER | | | |

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 11-16-09 Daytime Phone # 863-607-9885

Typed or printed name of signing Managing Member/Manager

Mark P. Wilson