


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # <u>204 00088091</u> <small>1. Limited Liability Company's Name</small> MG Properties LLC (See attached Name Change Amendment)																							
<small>2. Principal Office Address - No P.O. Box #</small> 777 South Flagler Drive <small>Suite, Apt. #, etc.</small> Suite 1106 <small>City & State</small> West Palm Beach, FL <small>Zip</small> 33401		<small>3. Mailing Office Address</small> 777 South Flagler Drive <small>Suite, Apt. #, etc.</small> Suite 1106 <small>City & State</small> West Palm Beach, FL <small>Zip</small> 33401																					
<small>4. State/Country of Formation</small> Florida		<small>5. Date Organized or Qualified To Do Business in Florida</small> 12/07/2004																					
<small>6. Name and Address of Current Registered Agent</small> Doranna M. Gervin, c/o The Goodman Company <small>Street Address (P.O. Box Number is Not Acceptable)</small> 777 South Flagler Drive <small>Suite, Apt. #, Etc.</small> Suite 1106 <small>City</small> West Palm Beach		<small>7. CERTIFICATE OF STATUS REQUIRED</small> <input checked="" type="checkbox"/> <small>55.03 Annual Fee required for Certificate of Status</small> <input checked="" type="checkbox"/> 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.																					
<small>8. 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.</small> <small>Signature of Registered Agent</small> <i>Doranna M. Gervin</i> <small>Date</small> <u>6/4/08</u> <small>REGISTERED AGENT IMPRINT</small>		<small>9. Name and Street Address of Managing Member/Managers</small> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Managing Member/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Marley Goodman</td> <td>777 South Flagler Drive, Ste. 1106</td> <td>West Palm Beach, FL 33401</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Marley Goodman	777 South Flagler Drive, Ste. 1106	West Palm Beach, FL 33401												
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<small>10. I certify that I am managing member/manager or the resolver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when this reinstatement application is received for consideration has been eliminated, the limited liability company meets the requirements of section 606.400, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</small> <small>Signature of Managing Member/Manager</small> <i>Marley Goodman</i> <small>Date</small> <u>6-4-08</u> <small>Home Phone</small> <u>(561) 833-4848</u> <small>Typed or printed name of signing Managing Member/Manager</small> Marley Goodman																							

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

MG PROPERTIES LLC

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