L05000007715

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From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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LIMITED LIABILITY REINSTATEMENT
MM5, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

CR2E041 (1/11)

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1. Limited Liability Company's Name

MM5, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4045 SHERIDAN AVENUE	4045 SHERIDAN AVENUE
Suite, Apt. #, etc.: #257	Suite, Apt. #, etc.: #257
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33140 Country:	Zip: 33140 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/25/2005, effective 01/20/2005

6. FEI Number: 20-2224629 ☐ 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: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.: #221E

City: PALM BEACH GARDENS State: FL Zip Code: 33410

E-mail Address: bill@lafayettehillsgcc.com
(To be used for future annual report notices)

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 Kristine Roy, Special Secretary Date 09/18/2012
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	MURACO, MICHAEL S	4045 SHERIDAN AVENUE #257	MIAMI BEACH FL 33140
	REINSTATEMENT 10-12		

11. I certify that I am managing member/manager or the receiver/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 608.408, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 9/18/2012 Daytime Phone # (561) 762-1972

Typed or printed name of signing Managing Member/Manager: MICHAEL S MURACO, Manager by: Kristine Roy, as Attorney-in-Fact