

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 SEP -9 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000014866

1. Entity Name

MGCJ 52 HOLDINGS GROUP, LLC



Principal Place of Business

920 WEST 84TH STREET #209
HIALEAH, FL 33014

Mailing Address

920 WEST 84TH STREET #209
HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022009

REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-5030542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, MIGUEL
920 WEST 84TH STREET #209
HIALEAH, FL 33014

Name

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

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/3/2009

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SOTO, MIGUEL
STREET ADDRESS 920 WEST 84TH STREET #209
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600160440876
CITY-ST-ZIP 09/09/09--01019--006 **277.30

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

REINSTATEMENT

9/3/2009 305300-2009