

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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FILED

06 OCT -6 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000047666	
1. Entity Name MAG L.L.C.	



Principal Place of Business 4771 BUCKHEAD COURT TALLAHASSEE, FL 32317	Mailing Address P.O. BOX 16066 TALLAHASSEE, FL 32317
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09182006 REIN-LLC CR2E101 (11/05)

4. FEI Number		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GORDON, MICHAEL 4771 BUCKHEAD COURT TALLAHASSEE, FL 32317		Name Allen R. MOAYAD	
		Street Address (P.O. Box Number is Not Acceptable) 2457 Cane Drive	
		City Tallahassee, FL	
		Zip Code 32308	

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 /s/ ALLEN R. MOAYAD DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GORDON, MICHAEL P.O. BOX 16066 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400080736744 10/11/06--01063--008 **300.00
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REINSTATEMENT

2006

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.

SIGNATURE: Allen R. Moayad DATE Oct. 5, 06 DAYTIME PHONE # 850-508-7944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE