

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAR 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000071263 1. Entity Name MTG HOLDINGS, LLC					
Principal Place of Business P. O. BOX 1821 WINDERMERE, FL 34786			Mailing Address P. O. BOX 1821 WINDERMERE, FL 34786		
2. Principal Place of Business - No P.O. Box # 4450 PARKBREEZE CT. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 9121 PINNACLE CIR. <small>Suite, Apt. #, etc.</small>		4. FEI Number 20-3174777 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State ORLANDO FL		City & State WINDERMERE FL			
Zip 32808		Zip 34786			
Country USA		Country USA			
6. Name and Address of Current Registered Agent MOSS, THOMAS P 8913 CONROY WINDERMERE FL ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name GREGORY JEROUSEK Street Address (P.O. Box Number is Not Acceptable) 9121 PINNACLE CIR. City WINDERMERE FL Zip Code 34786	
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 <i>Gregory Jerousek</i> GREGORY JEROUSEK MGRM 2/27/08 <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEROUSEK, GREG P. O. BOX 1821 WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9121 PINNACLE CIR. WINDERMERE FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, THOMAS C 670 ISLAND WAY #900 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000119396180 03/05/08--01003--005 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODEN, MARTY M 15738 ARABIAN WAY MONTVERDE, FL 34756 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000119396180 03/25/08--01018--005 **177.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Gregory Jerousek</i> GREGORY JEROUSEK 2/27/08 321-436-6889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

REINSTATEMENT

w/o 07-08