

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -5 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000056048

1. Limited Liability Company's Name

MAGNOLIA-REGENCY HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #

2268 Kings Point Drive

Suite, Apt. #, etc.

City & State

Largo, Florida

Zip

33774

Country

Pinellas

3. Mailing Office Address

2268 Kings Point Drive

Suite, Apt. #, etc.

City & State

Largo, Florida

Zip

33774

Country

Pinellas

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 05/31/2006

6. FEI Number

20-4983273

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Thomas C. Nash II

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

625 Court Street

Suite, Apt. #, Etc.

Suite 200

City

Clearwater

State

FL

Zip Code

33756

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

REGISTERED AGENT MUST SIGN

Date

4/22/09

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	Benjamin Mallah	2268 Kings Point Drive	Largo, FL 33774
			500154640975 05/01/09--01002--028 **\$16.25
			JB
		REINSTATEMENT	2007-09

11. I certify that I am managing member/manager or the receiver or 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 608.406, 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.

Signature of
Managing Member/Manager

B Mallah

Date

4/22/09

Daytime Phone #

727-517-2395

Typed or printed name of signing Managing Member/Manager Benjamin Mallah