

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 20 PM 2:08

DOCUMENT # LO6000104214

1. Limited Liability Company's Name

MH2 UrbanRevision, LLC

900135418509  
09/05/08--01040--002 \*\*138.75

CR2E041 (12/07)

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

900 Bay Dr

Suite, Apt. #, etc.

224

City & State

Miami Beach FL

Zip

33141

Country

USA

3. Mailing Office Address

132 MacKay Dr

Suite, Apt. #, etc.

City & State

Brunswick GA

Zip

31525

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 10-25-2006

6. FEI Number

20-5941935

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

Suzanne M Holbach

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

900 Bay dr

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

☒ 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.

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

Suzanne M Holbach

REGISTERED AGENT MUST SIGN

Date

9/3/08

**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
MGRM	Suzanne M Holbach	132 MacKay Dr	Brunswick, GA 31525
MGRM	Danya H Moore	101 cayman Ct	Brunswick, GA 31525

REINSTATEMENT 2007, 2008

900135418509  
12/02/08--01009--004 \*\*138.75

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

Suzanne M Holbach

Date

8/10/08

Daytime Phone #

912.399.0815

Typed or printed name of signing Managing Member/Manager

SUZANNE HOLBACH