## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(	TED LIAB COMPAN NSTATEM	Y		) :	DEPAR Secretar	y of S		E	09	FILED APR 15 AM		
DOCUMENT # L07000038870									SECR	HAY OF !	STATE	
M & G ENERGY, LLC								1	SECRETARY OF STATE TALLAHASSEE, FLORIDA  DDD149331130 04/09/0901041010 **277.50  CR2E041 (10/08)			
-					Office Address					1 (10/08)		
3615 NE 207th STREET         SAME           Suite, Apt. #, etc.         Suite, Apt					# etc			$\dashv$	4. State/Country of Formation FLORIDA			
3210								ŀ	5. Date Organized or Qualified To Do Business in Florida()4/11/2007			
City & State	City & State	City & State										
AVENTURA, FL								$\perp$	6. FEI Number		✓ Applied For Not Applicable	
<sup>2<sub>1</sub>b</sup> 33180	,			Zıp		Cour	ntry		7. CERTIFICATE O	F STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent												
Name MICHAEL IFRAH									☑ A \$100 reinstatement fee is imposed, except			
Street Address (P.O. Box Number is Not Acceptable) 3615 NE 207th STREET									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.			
Suite, Apt. #, Etc. 3210												
City AVENTURA						State Zip Code FL 33180			remstate	ment be waive	u. 	
9. I, being appointed the registered agent of the above pamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date Date Date Date Date Date Date Dat												
10. Nam	es and Street	Addresses	of Managing Mer	nbers/Managers					_			
Titles	Name of Managing Members/ Managers				Street Address of Each Managing Member/Manager			er	c	City / State / Zip		
MGR	MICHAEL IFRAH				3615 NE 207th STREET # 3210			3210	AVENTURA, I	FL 33180		
_										· v=-		
REINSTATEMENT 2008-2009												
without Penalty 11/2/100												
							<u> </u>	+	Jie !	<u> </u>		
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 Manager X / 1 / 1 / 1 Dat X 03/23/09 Daytime Phone #X 03/23/09												
Typed or printed name of signing Managing Member/Manager MICHAEL IFRAH 954-895-3128												