
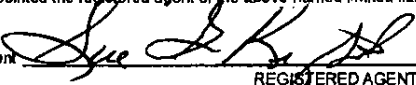
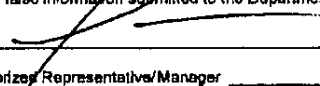


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LO8000034679</u>					
1. Limited Liability Company's Name Colonial Heights MMR, LLC					
2. Principal Office Address - No P.O. Box # 1750 North Florida Mango Rd., Suite 103		3. Mailing Office Address 1750 North Florida Mango Rd., Suite 103		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 4/1/2008	
City & State West Palm Beach, FL		City & State West Palm Beach, FL		6. FEI Number 26-2680789	
Zip 33409	Country USA	Zip 33409	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 		Sue G. Knight as its agent		Date 5-1-14	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	John Metz	1750 North Florida Mango Road, Suite 103		West Palm Beach, FL 33409	
REINSTATEMENT					
MAY 01 2014 R. HUNT					
11. E-mail Address:					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.					
Signature of Authorized Representative/Manager 		Date 4/30/14		Daytime Phone # 561-296-0293	
Typed or printed name of signing Authorized Representative/Manager John Metz					



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 115091 7385507

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : May 1, 2014

ORDER TIME : 12:11 PM

ORDER NO. : 115091-010

CUSTOMER NO: 7385507

DOMESTIC FILINGS

NAME: COLONIAL HEIGHTS MMR, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Chasity Busbee - Ext# 62974

EXAMINER'S INITIALS MAY 01 2014

R. HUNT

RECEIVED
MAY -1 PM 1:53
CORPORATION SERVICE COMPANY