

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 17 AM 10:55

DOCUMENT # **L08000095454**

1. Limited Liability Company's Name

MITCHELL MANAGEMENT GROUP, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100174286561
05/05/10--01006--021 **143.75

100174286561
04/02/10--01032--011 **238.75

CR2E041 (11/09)

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

EL LABORADOR APARTMENTS

3. Mailing Office Address

EL LABORADOR APTES

Suite, Apt. #, etc.

PLAYA TAAACINDO

Suite, Apt. #, etc.

PLAYA TAAACINDO

City & State

SANTA CRUZ, GUANACASTE

City & State

SANTA CRUZ, GUANACASTE

Zip

Country

COSTA RICA

Zip

Country

COSTA RICA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10-08-2008

6. FEI Number

☒ 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 **PEDRO P. MENDEZ ESQ.**

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

1622 HILLCREST STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

[Signature]

Date **2-17-10**

REGISTERED AGENT MUST SIGN

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
MEM	KERWIN MITCHELL	EL LABORADOR APARTMENTS APT. 3, PLAYA TAAACINDO	SANTA CRUZ, GUANACASTE COSTA RICA

REINSTATEMENT 09/10 AL

11. E-mail Address: **pmendez@menendezlaw.com**

(To be used for future annual report notifications)

12. 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

[Signature]

Date **3-9-10**

Daytime Phone # **407-545-6250**

Typed or printed name of signing Managing Member/Manager

KERWIN MITCHELL