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TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368Please
file 1st

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
MAHGT LAMAIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 APR 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000098511

1. Limited Liability Company's Name

MAHGT LAMAIN LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
455 NORTH INDIAN ROCKS ROAD

3. Mailing Office Address

455 NORTH INDIAN ROCKS ROAD

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

BELLEAIR BLUFFS, FLORIDA

City & State

BELLEAIR BLUFFS, FLORIDA

Zip

33770

Country

USA

Zip

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/20/2008

6. FEI Number

27-0340245

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

CT CORPORTION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ 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

Ashley Pipes

Assistant Secretary
Ashley Pipes

REGISTERED AGENT MUST SIGN

Date April 14, 2010

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	SAS MORTGAGE TRUST	455 NORTH INDIAN ROCKS ROAD, SUITE B	BELLEAIR BLUFFS, FL 33770

REINSTATEMENT

09/10 AL

11. E-mail Address: mpeppi@seminolefinancialservices.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 608.408, 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

Robert Banks

Date 3/24/2010

Daytime Phone #

727-518-7000

Typed or printed name of signing Managing Member/Manager ROBERT BANKS, Authorized Representative