

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY**

REINSTATEMENT

2012-2016



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

16 APR 29 AM 0:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO9000036970**

1. Limited Liability Company's Name

The Mason Property Group LLC.

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

8719 Foley Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32825

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Perry W Mason

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

8719 Foley Drive

Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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

Perry W Mason
REGISTERED AGENT MUST SIGN

Date **03/11/2016**

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
MGR	Perry W Mason	8719 Foley Drive	Orlando, FL 32825

11. E-mail Address: **perrywilsonmason@hotmail.com**

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Perry W Mason
Perry W Mason / Manager

Date

3/11/2016

Daytime Phone #

407-432-0387

Typed or printed name of signing authorized representative/member

Perry W Mason / Manager

200283447762
04/21/16--01013--005 **280.00

200283447762
03/16/16--01012--004 **243.75

200283447762
04/21/16--01013--006 **278.75