

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L1300098427

1. Limited Liability Company's Name

MC & BOSS MEDITERRANEAN VILLAGE 402, LLC

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

1820 N CORP LAKES BLVD

Suite, Apt. #, etc.

SUITE 201

City & State

WESTON FL

Zip

33326

Country

USA

3. Mailing Office Address

1820 N CORP LAKES BLVD

Suite, Apt. #, etc.

SUITE 201

City & State

WESTON FL

Zip

33326

Country

USA

8. Name and Address of Current Registered Agent

Name

DON GONZALEZ P.A

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

1820 N CORP LAKES BLVD

Apt. #, Etc

SUITE 201

City

WESTON

State

FL

Zip Code

33326

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

Don Gonzalez
REGISTERED AGENT MUST SIGN

Date 10/15/15

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	BOSS GLOBAL ENTERPRISES, LLC	1820 N CORP LAKES BLVD 201	WESTON FL 33326

OCT 22 2015

S. YOUNG

11. E-mail Address: DONGONZALEZ@AOL.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

Don Gonzalez

Date

10/15/15

Daytime Phone #

954-598-0660

Typed or printed name of signing authorized representative/member