

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**FILED**

01 NOV -1 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

296-1208

1. Limited Liability Company's Name

MNGC REALTY, L.C.

2. Principal Office Address

6401 Kendale Lakes Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

3. Mailing Office Address

6401 Kendale Lakes Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

**REINSTATEMENT 2001**

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/19/96

6. FEI Number

65 0741540

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

R. Daniel Mays

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

14610 SW 64th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33158

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

*R. Daniel Mays*

Date

10/29/01

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
MGRM	R. Daniel Mays	575 E. Chocolate Avenue	Hershey, PA 17033
MGRM	Stephen J. Garchik	575 E. Chocolate Avenue	Hershey, PA 17033

11. 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

*R. Daniel Mays*

Date 10/29/01

Daytime Phone # 305-259-5900

R. Daniel Mays

Typed or printed name of signing Managing Member/Manager