

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L97000000770

1. Limited Liability Company's Name

M.H.P. Group One, L.C.

2. Principal Office Address

2251 N Federal Hwy

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34946

Country

USA

3. Mailing Office Address

2251 N Federal Hwy

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34946

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

July 16, 1997

6. FEI Number
65-0773053

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

Jonathan James Damonte

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

12110 Seminole Blvd.

Suite, Apt. #, Etc.

Largo, FL 33778

City

State

FL

Zip Code

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

Jonathan James Damonte

REGISTERED AGENT MUST SIGN

Date Oct. 29, 2000

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
Mgr.	Daniel Woods	14859 Moorpark, Apt. 101	Sherman Oaks, CA 91402

900003456499-8

-11/07/00-01144-016

****150.00 ****150.00

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

Daniel Woods

Date Oct. 24, 2000 Daytime Phone # 1(818)512-6629

Typed or printed name of signing Managing Member/Manager

Daniel Woods

CR2E041 (9/00)