L98000000974

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
03 OCT -8 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/15/03-01010--011 **205.00

DOCUMENT # L98000000974

1. Limited Liability Company's Name
MEGAN ANN, L.C.

10/4/02

2. Principal Office Address		**3.** Mailing Office Address	
7200 N.W. 7 Street, #300		7200 N.W. 7 Street, #300	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33126	USA	33126	USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
07/06/98

6. FEI Number
65-0854924
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
Harry K. Bender

Street Address (P.O. Box Number is Not Acceptable)
5915 Ponce de Leon Boulevard

Suite, Apt. #, Etc.
Suite 60

City	State	Zip Code
Coral Gables,	FL	33146

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 _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	John J. Feeley, Jr.	7200 N.W. 7 Street, Suite 300	Miami, Florida 33126
V.P.	Vicki Feeley	7200 N.W. 7 Street, Suite 300	Miami, Florida 33126

REINSTATEMENT 2002-2003

BN

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 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 X John J. Feeley Date 10/07/03 Daytime Phone # 305-542-4904

Typed or printed name of signing Managing Member/Manager John Vicki Feeley Pres.