

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 AUG 22 PM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FL**

DOCUMENT # M04000002578

1. Limited Liability Company's Name

MIRACLE MARKETPLACE LLC

700317533987

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
3414 Peachtree Street, NE

3. Mailing Office Address
3414 Peachtree Street, NE

Suite Apt. #, etc.
Suite #1075

Suite Apt. #, etc.
Suite #1075

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip Country
30326 USA

Zip Country
30326 USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida **06/29/2004**

6. FEI Number
37-1491982

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
COGENCY GLOBAL INC.

Street Address (P.O. Box Number is Not Acceptable) Suite
115 North Calhoun Street

Apt. #, Etc.
Suite 4

City State Zip Code
Tallahassee FL 32301

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 /s/ Eric B. Hood

Date 8/22/2018

REGISTERED AGENT MUST SIGN

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	SB MIRACLE REALTY CORP.	3414 Peachtree Street, NE, Suite 1075	Atlanta, GA 30326

11. E-mail Address: aobrien@ire-capital.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 /s/ Allen O'Brien Date 8/22/2018 Daytime Phone # (404) 842-1422

Typed or printed name of signing authorized representative/member Allen O'Brien VP of SB Miracle Realty Corp



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

2018

Date: August 22, 2018

Account#: I200000000088

Name: ERIC B. HOOD

Reference #: T018776

Entity Name: MIRACLE MARKETPLACE LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☒ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFICATE OF STATUS

Authorized Amount: \$ 387.50

Signature: EBHood