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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000001674

1. Limited Liability Company's Name
MPI WYNTER GREEN, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10800 ALPHARETTA HWY	10800 ALPHARETTA HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 208-525	SUITE 208-525
City & State	City & State
ROSWELL, GA	ROSWELL, GA
Zip / Country	Zip / Country
30076 / USA	30076 / USA

CR2E041 (1/14)

4. State/Country of Formation
GA

5. Date Organized or Qualified To Do Business in Florida 03/29/2005

6. FEI Number
202506691
☐ 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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable) Suite
1200 SOUTH PINE ISLAND ROAD

Apt. #, Etc.

City: PLANTATION | State: FL | Zip Code: 33324

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: Connie Bryan Assistant Secretary Date: 04/21/2015
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	Daniel Miles	10800 Alpharetta Hwy. Suite 208-525	Roswell, GA 30076

11. E-mail Address: MGORDON@GORDONMANAGEMENT.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: [signature] Date: 4/13/15 Daytime Phone #: 404/293-0330

Typed or printed name of signing authorized representative/member: DANIEL MILES

4/21/15

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TALLAHASSEE, FLORIDA

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
MPI WYNTER GREEN, LLC

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