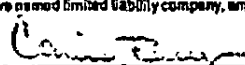
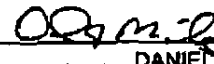


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000001874					
1. Limited Liability Company's Name MPI WYNTER GREEN, LLC					
2. Principal Office Address - No P.O. Box # 10800 ALPHARETTA HWY		3. Mailing Office Address 10800 ALPHARETTA HWY		4. State/Country of Formation GA	
Suite, Apt. #, etc. SUITE 208-525		Suite, Apt. #, etc. SUITE 208-525		5. Date Organized or Qualified To Do Business in Florida 03/29/2005	
City & State ROSWELL, GA		City & State ROSWELL, GA		6. FEI Number 202506691	
Zip 30076	Country USA	Zip 30076	Country USA	Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee Required for a certificate of status	
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
8. 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  Date 04/21/2015					
REGISTERED AGENT MUST SIGN					
10. Name and Street Address of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Daniel Miles	10800 Alpharetta Hwy, Suite 208-525		Roswell, GA 30078	
11. E-mail Address: MGORDON@GORDONMANAGEMENT.COM					
(Take 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  Date 4/13/15 Daytime Phone # 404/293-0330					
Typed or printed name of signing authorized representative/member DANIEL MILES					

1 of 2 pages

28 4/21/15

4/21/2015 10:50:58 AM From: To: 8506176384(1/2)

Division of Corporations

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TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850) 617-6384

From:

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Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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LIMITED LIABILITY REINSTATEMENT
MPI WYNTER GREEN, LLC

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