

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
02 MAY 10 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M95000000202

1. Limited Liability Company's Name

Megan/GN&W Properties, L.L.C.

2. Principal Office Address

11936 W. 199th Street

Suite, Apt. #, etc.

#358

City & State

Overland Park, KS

Zip

66213

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

4. State/Country of Formation

Georgia

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

7/3/1995

6. FEI Number

58-2148440

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

Deloris D. Welch

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

9250 S.W. 32nd Aven. Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476

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

Deloris D. Welch

REGISTERED AGENT MUST SIGN

Date 4/1/02

AL1

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	Gary L. Maddock	11936 W. 119th St., #358	Overland Park, KS 66213
MGR	Donald A. Wagley	4503 Brookwood Drive	Mableton, GA 30059
MGM	Donald E. Nichols, Jr.	212 Barrington Oaks Ridge	Roswell, GA 30075
MGM	Priscilla J. Granese	4503 Brookwood Drive	Mableton, GA 30059

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

Gary L. Maddock

Date 3/29/02

Daytime Phone # 913.685.9000

Typed or printed name of signing Managing Member/Manager