

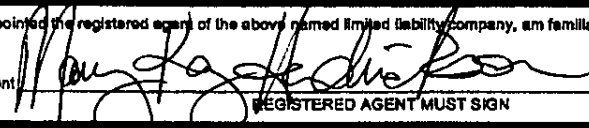
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # m980000989			
1. Limited Liability Company's Name MP Promenade, LLC			
2. Principal Office Address - No P.O. Box # 2030 35th Avenue		3. Mailing Office Address 2030 35th Avenue	
Suite, Apt. #, etc. Suite A-1		Suite, Apt. #, etc. Suite A-1	
City & State Greeley, Colorado		City & State Greeley, Colorado	
Zip 80634	Country USA	Zip 80634	Country USA
4. State/Country of Formation Colorado		5. Date Organized or Qualified To Do Business in Florida August 10, 1998	
6. FEI Number 84-1467620		☐ 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 Mary Kay Hendrickson			
Street Address (P.O. Box Number is Not Acceptable) 2467 Falmouth Road			
Suite, Apt. #, Etc.			
City Maitland		State FL	Zip Code 32751
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent 		Date 8/5/09	
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
MGRM	Katherine A. Roche	2030 35th Avenue, A-1	Greeley, CO 80634
MGRM	Thomas J. Roche	361 71st Avenue	Greeley, CO 80634
REINSTATEMENT-06-09			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.405, 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 		Date 8/18/09	Daytime Phone # 970-356-6900
Typed or printed name of signing Managing Member/Manager Katherine A. Roche			

CSL