$655

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 SEP -1 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M98000000989

1. Limited Liability Company's Name

MP Promenade, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2030 35th Avenue		2030 35th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite A-1		Suite A-1	
City & State		City & State	
Greeley, Colorado		Greeley, Colorado	
Zip	Country	Zip	Country
80634	USA	80634	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

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Mary Kay Hendrickson Date: 8/5/09

REGISTERED AGENT MUST SIGN

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
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		

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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 608.405, 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: Katherine A Roche Date: 8/18/09 Daytime Phone #: 970-356-6900

Typed or printed name of signing Managing Member/Manager: Katherine A. Roche

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