

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

00 DEC -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

m99-13

MP Operating, LLC

REINSTATEMENT 2000

2. Principal Office Address

9240 Bonita Beach Road

Suite, Apt. #, etc.

Suite 1101

City & State

Bonita Springs, Florida

Zip

34135

Country

U.S.A.

3. Mailing Office Address

9240 Bonita Beach Road

Suite, Apt. #, etc.

Suite 1101

City & State

Bonita Springs, Florida

Zip

34135

Country

U.S.A.

4. State/Country of Formation

Delaware

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

December 31, 1998

6. FEI Number

59-3546656

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

John B. Poole

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

9240 Bonita Beach Road

Suite, Apt. #, Etc.

Suite 1101

City

Bonita Springs, Florida

State

FL

Zip Code

34135

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

REGISTERED AGENT MUST SIGN

Date 11/28/00

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
	MP Operating, Inc.	9240 Bonita Beach Road, Su.1101	Bonita Springs, Florida 34135

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

Date 11/27/00

Daytime Phone # (941) 949-2140

Typed or printed name of signing Managing Member/Manager Douglas Listman, Secretary and Chief Financial Officer or
MP Operating, Inc.