

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 DEC 20 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000013

1. Limited Liability Company's Name

MP Operating, LLC

REINSTATEMENT 2001

2. Principal Office Address

9240 BONITA BEACH RD

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 1101

Suite, Apt. #, etc.

City & State

BONITA SPR / FL

City & State

Zip

34135

Country

USA

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/31/98

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

200004735222-2

-12/21/01--01007--003

****155.00 ****155.00

City

Plantation

State

FL

Zip Code

33324

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

Pamela A. Bristol
REGISTERED AGENT MUST SIGN

Date 12/14/01

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
<u>MGR</u>	<u>MP Operating, Inc.</u>	<u>9240 BONITA BEACH RD #1101</u>	<u>BONITA SPRING / FL / 34135</u>

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

[Signature]

Date 12/18/01

Daytime Phone # 215-871-5284

Typed or printed name of signing Managing Member/Manager Douglas LINDMAN its Chief Financial Officer

CR20041 (9/01)