

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR 23 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M99-727

1. Limited Liability Company's Name
MTM I, LLC

2. Principal Office Address

1001 BRICKELL BAY DR.

Suite, Apt. #, etc.

30TH FLOOR

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

1001 BRICKELL BAY DR.

Suite, Apt. #, etc.

30TH FLOOR

City & State

MIAMI, FL

Zip

33131

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida **05/12/1999**

6. FEI Number

59-2229862

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

EDMUND R MILLER

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

1001 BRICKELL BAY DR.

Suite, Apt. #, Etc.

30TH FLOOR

City

MIAMI

State
FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-20-01

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
MGRM	EDMUND R MILLER	1001 BRICKELL BAY DR.	MIAMI, FL 33131
MGRM	DAVID R. PARKER	1001 BRICKELL BAY DR.	MIAMI, FL 33131

REINSTATEMENT

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

Daytime Phone # **(305) 374-6808**

Typed or printed name of signing Managing Member/Manager **EDMUND R MILLER**