

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

11 MAY 12 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M0900001066

1. Limited Liability Company's Name
MCO Boone, LLC

2. Principal Office Address - No P.O. Box # 4409 Northlake Blvd Suite, Apt. #, etc.		3. Mailing Office Address 4409 Northlake Blvd Suite, Apt. #, etc.	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country USA	Zip 33410	Country USA

4. State/Country of Formation
NY

5. Date Organized or Qualified To Do Business in Florida
3/16/09

6. FEI Number
20-3975196

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Steven Daniels

Street Address (P.O. Box Number is Not Acceptable)
515 N Flagler DR
6th floor

City
West Palm Beach


State
FL

Zip Code
33401

E-mail Address:
sldaniels@arnstein.com

(To be used for future annual report notices)

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  Date 5/9/11

REGISTERED AGENT MUST SIGN Steven Daniels

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
Pres	JOSEPH CASTELLANA	80 Seaview Blvd	Port Washington NY 11050

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date 5-6-11 Daytime Phone # 516-723-2200

Typed or printed name of signing Managing Member/Manager Joseph Castellana