

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
02 MAR 19 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005010

1. Limited Liability Company's Name

McFarlin Holdings, LLC

REINSTATEMENT

2001-  
2002

2. Principal Office Address

6449 2nd Palm Point

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

Pinellas

3. Mailing Office Address

6449 2nd Palm Point

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

Pinellas

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

5/02/2000

6. FEI Number

59-3650902

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

Robert H. Willis, Jr., Esq.

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

259 Third Street North

Suite, Apt. #, Etc.

City

St. Petersburg.

State

FL

Zip Code

33701

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]*

Date

3/18/02

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
MGR	Stephen D. McFarlin	6449 2nd Palm Point	St. Pete Beach, FL 33706

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

3/18/02

Daytime Phone #

727-363-6012

Typed or printed name of signing Managing Member/Manager

Stephen D. McFarlin

CR2E041 (9/01)