

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L00000012216**

1. Limited Liability Company's Name

MCD ENTERPRISES, LLC

9/28/01

FILED  
03 JUN 11 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HW

2. Principal Office Address  
2804 Spreading Oaks Dr  
Suite, Apt. #, etc.

3. Mailing Office Address  
2804 Spreading Oaks Dr  
Suite, Apt. #, etc.

City & State  
Acworth, GA  
Zip  
30101  
Country

City & State  
Acworth, GA  
Zip  
30101  
Country

4. State/Country of Formation  
FLORIDA  
5. Date Organized or Qualified  
To Do Business in Florida 10/6/2000  
6. FEI Number ☒ 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  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street 10002079357  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301-2636

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 Brian Courtney Date 6/14/05  
REGISTERED AGENT MUST SIGN Ass. V. Pres.

**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
Member	Mary Susan Coulter		
	Donovan Revocable Trust	2804 Spreading Oaks Dr	Acworth, GA 30101
Manager	George Donovan	2804 Spreading Oaks Dr	Acworth, GA 30101
<b>REINSTATEMENT 2001-2003</b>			
(AR) (CUS)			

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 George Donovan Date 6/11/03 Daytime Phone # 561/912-9008  
Typed or printed name of signing Managing Member/Manager George Donovan - Manager

CR2041 (9/01)



CORPORATION SERVICE COMPANY™

# L000000012216

ACCOUNT NO. : 072100000032

REFERENCE : 127436 121049A

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 250.00

ORDER DATE : June 11, 2003

ORDER TIME : 1:59 PM

ORDER NO. : 127436-005

CUSTOMER NO: 121049A

CUSTOMER: Cathy Morris  
Akerman Senterfitt & Eidson,  
Suite 1600  
350 East Las Olas Boulevard  
Fort Lauderdale, FL 33301

*mk*

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MCD ENTERPRISES, LLC

\*\*\*FILE FIRST\*\*\*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

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