

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000020133

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000020133

Name and Mailing Address

0004484 01 FP 0.352 **PRSRT T4 0 0615 33442-955637



MC ENTERPRISES OF ORLANDO, LLC
540 JEFFERSON DRIVE
#112
DEERFIELD BEACH FL 33442-9556

MJH



12/24 2002

2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
540 JEFFERSON DRIVE #112 DEERFIELD BEACH FL 33442		11/20/2001	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		52-2357937	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
CREAMER, MICHAEL 2120 W. CHURCH STREET ORLANDO FL 32805			
9. Name and Address of New Registered Agent			
Name <u>Creamer Mike</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>540 Jefferson Dr #112</u>			
City <u>Deer Field Bch</u> State <u>FL</u> Zip Code <u>33442</u>			
10. 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 <u>[Signature]</u>		Date <u>12-20-02</u>	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CREAMER, MICHAEL	2120 W. CHURCH STREET	ORLANDO FL 32805

12. 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 12-20-02 Daytime Phone # 954 610 5955

Typed or printed name of signing Managing Member/Manager Mike Creamer

CR2E084 (8/02)