

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033014

Name and Mailing Address

0011111 01 AT 0.292 **AUTO TO 0 0615 34251-730751



MCBAR5, L.L.C.
11451 M.J. ROAD
MYAKKA CITY FL 34251-7307



2. New Mailing Address

SAME

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/10/2002

Principal Place of Business

11451 M.J. ROAD
MYAKKA CITY FL 34251

3. New Principal Place of Business Address

SAME

City, State, Zip

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

REINICKE, STEPHANIE A ESQUIRE
1800 SECOND STREET, SUITE 803
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

JAMES A. MCLEOD

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

11451 M.J. ROAD

11/04/03--01053--002 **150.00

City

Myakka City

FL

Zip Code

34251

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

SIGNATURE REQUIRED

Date 10-29-03

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
Managing Member	JAMES A. MCLEOD	11451 M.J. Rd.	Myakka City FL 34251

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 REQUIRED

Date 10-29-03 Daytime Phone (941) 724-1564

Typed or printed name of signing Managing Member/Manager