

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR -5 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-1-04  
300.00

**DOCUMENT # L03000004252**

1. Limited Liability Company's Name

MCKINLEYCO, LLC

CR2E041 (8/05)

2. Principal Office Address  
545 NORTH ANDREWS AVE

Suite, Apt. #, etc.

3. Mailing Office Address  
545 NORTH ANDREWS AVE

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

Zip  
33301

Country  
BROWARD

City & State  
FORT LAUDERDALE, FL

Zip  
33301

Country  
BROWARD

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

02/04/2003

6. FEI Number

NONE

☒ 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

ZIMMERMAN, JOSEPH J. BAYNE, P.A.

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

7797 N. UNIVERSITY

Suite, Apt. #, Etc.

108

City

TAMARAC

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|--------|--------------------------------------|---|--|
| MGR    | JAMES MCKINLEY                       | 545 NORTH ANDREWS AVE                             | FORT LAUDERDALE, FL 33301  |
|        |                                      |   | 200092373612<br>03/13/07--01039--019 **95.00                         |
|        |                                      |   | REINSTATEMENT 04-07<br>200092373612<br>03/13/07--01039--020 **155.00 |
|        |                                      |   | 200092373612<br>03/13/07--01039--021 **50.00                         |
|        |                                      |   |  |

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

Date 01/16/2007

Daytime Phone # 954-938-2685

Typed or printed name of signing Managing Member/Manager

JAMES MCKINLEY