

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000005861

1. Limited Liability Company's Name

MCG CONSULTING, LLC

FILED

09 MAR 25 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000147537840
03/26/09--01016--003 **505.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 15137 SW 36th St. Suite, Apt. #, etc.		3. Mailing Office Address 15137 SW 36th St. Suite, Apt. #, etc.	
City & State DAVIE, FLORIDA		City & State DAVIE, FLORIDA	
Zip 33331	Country USA	Zip 33331	Country USA

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

2-17-03

6. FEI Number

16-1654576

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 NRAI Services, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive		
Suite, Apt. #, Etc. Suite 4		
City Weston	State FL	Zip Code 33331

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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.

NRAI Services, Inc.

Peter F. Souza

Signature of
Registered Agent by:

Assistant Secretary

Date 3-23-09

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	HINCAPIE-MCGRAIL, CATHERINE	15137 SW 36 St.	DAVIE, FL 33331
MGR	HINCAPIE, OSCAR	15137 SW 36 St.	DAVIE, FL 33331

000147537840
03/26/09--01016--002 **50.00

000147537840
03/26/09--01016--001 **5.00

REINSTATEMENT

06 09

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

CATHERINE MCGRAIL - HINCAPIE

Date 3-21-09

Daytime Phone # (954) 214-6512

Typed or printed name of signing Managing Member/Manager

CATHERINE MCGRAIL - HINCAPIE