

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUL 29 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900183754529
07/28/10--01024--001 **377.50

CR2E041 (05/10)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000072573

1. Limited Liability Company's Name

MCDONALD HOSPITALITY GROUP, LLC

2. Principal Office Address - No P.O. Box #

808 W. Waters Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

USA

3. Mailing Office Address

808 W. Waters Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 10/06/2004

6. FEI Number

421659686

☐ 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

Ronald L. McDonald

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

808 W. Waters Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

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

REGISTERED AGENT MUST SIGN

Date

7/23/10

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
MGRM	Ronald L. McDonald	808 W. Waters Avenue	Tampa, FL 33604
M	ROBERT A. CARR	808 W. WATERS AVE	TAMPA, FL 33604

REINSTATEMENT-09-10

11. E-mail Address: RDMC3@aol.com

(To be used for future annual report notifications)

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

Date

7/23/10

Daytime Phone #

(813) 249-0330

Typed or printed name of signing Managing Member/Manager

C.S.