

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 SEP 30 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000040362

1. Limited Liability Company's Name

MR Capital, LLC

CR2E041 (05/10)

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

750 South Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

750 South Dixie Highway

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

04/25/2005

6. FEI Number

202731222

☐ 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

Jeff M. Brown

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

750 South Dixie Highway

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

500185831665

09/24/10--01026--028 **745.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/20/10

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	Marsh Road, LLC	2115 Pleasant View Rd., P.O. Box 620710	Middleton, WI 53562

REINSTATEMENT

07/10
AL

11. E-mail Address: jbrown@avalebrown.com AND michaelcasey@frankliquor.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

Michael Casey *Frank Liquor Co. Member*

Date

9/17/10

Daytime Phone #

836-6000 x 111

Typed or printed name of signing Managing Member/Manager Sole Member: Frank Liquor Company, Inc., by Michael A. Casey