

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -3 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000142271690
01/28/09--01021--021 **516.25
CR2E041 (10/08)

DOCUMENT # L06000064643

1. Limited Liability Company's Name

McLeod Restaurant Holdings, LLC

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

918 Duff Drive

Suite, Apt. #, etc.

City & State

Winter Garden, Florida

Zip

34787

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified

To Do Business in Florida 06/27/2006

6. FEI Number

20-4263829

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

Stephen T. McLeod

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

918 Duff Drive

Suite, Apt. #, Etc.

City

Winter Garden

State
FL

Zip Code
34787

☐ 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.

Signature of
Registered Agent

Stephen T. McLeod

Date 01/22/2009

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
MGMR	Darren Sinopoli	17052 Florence View Drive	Montverde/Florida/34756
MGMR	Jayson Hartman	17622 Circle Pond Court	Boca Raton/Florida/33496
MGMR	Stephen McLeod	918 Duff Drive	Winter Garden/Florida/34787
MGMR	David Hayes	P.O. Box 1458	Lady Lake/FL/32158
REINSTATEMENT-07-08-09			

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

Stephen T. McLeod

Date 01/22/2009

Daytime Phone # 352-636-3901

Typed or printed name of signing Managing Member/Manager Stephen T. McLeod

C.S.