

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 26 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L070000003762**

1. Limited Liability Company's Name

MCP2 LLC

600177293716
04/23/10--01009--029 **377.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
650 W. GEORGE STREET

3. Mailing Office Address
650 W. GEORGE STREET

Suite, Apt. #, etc.

SUITE 2110

Suite, Apt. #, etc.

SUITE 2110

City & State

VANCOUVER, BC

City & State

VANCOUVER, BC

Zip

V6B6L7

Country

CA

Zip

V6B6L7

Country

CA

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

01/10/07

6. FEI Number

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

ROBERT J. STANZ, P.A.

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

5121 SOUTH LAKE LAND DRIVE

Suite, Apt. #, Etc.

SUITE 4

City

LAKELAND

State

FL

Zip Code

33813

☐ 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.

600177293716
05/27/10--01010--005 **277.50

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 **4/20/10**

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
MGR	BRIAN FRASER	650 W. GEORGE STREET SUITE 2110	VANCOUVER, BC V6B6L7 CANADA

REINSTATEMENT 08-18

05-27-10

11. E-mail Address: **ristanz@stanzlaw.com**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 **04-15-2010**

Daytime Phone # **604.514.0110**

Typed or printed name of signing Managing Member/Manager **BRIAN FRASER**