

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JUL 19 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO8000036731

1. Limited Liability Company's Name

MCBG, LLC

CR2E041 (1/11)

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

4400 N. Hwy 19A

Suite, Apt. #, etc.

Ste. 6

3. Mailing Office Address

PO BOX 757

Suite, Apt. #, etc.

City & State

Mt. DORA, FL

City & State

EUSTIS, FL

Zip

32757

Country

USA

Zip

32727

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

4/9/2008

6. FEI Number

90-0530058

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

GIGI LEMON

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

4400 N. Hwy 19A, UNIT #6

Suite, Apt. #, Etc.

City

Mt. DORA

State

FL

Zip Code

32757

E-mail Address:

300237639613

07/19/12--01028--006 \*\*243.75

glemon88@gmail.com

(To be used for future annual report notices)

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

Gigi Lemon

Date

7/16/12

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.	GIGI Lemon	4400 N. Hwy 19A, UNIT #6	Mt. DORA, FL 32757

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Gigi Lemon

Date

7/16/12

Daytime Phone #

407-467-5992

Typed or printed name of signing Managing Member/Manager