

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 SEP -2 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300185008573  
09/02/10--01003--002 \*\*\$77.50  
CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name

MCPT LLC

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

116 Sandalwood dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Zip

34743

Country

Oxeola

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/11/08

6. FEI Number

80 0253656

☐ 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 Miguel Binedo

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

116 Sandalwood dr.

Suite, Apt. #, Etc

City

Kissimmee

State

FL

Zip Code

34743

REINSTATEMENT 2009-10 8/24

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

Miguel Binedo  
REGISTERED AGENT MUST SIGN

Date

9/2/10

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
MEM	Miguel Binedo	116 Sandalwood dr	Kissimmee FL 34743

11. E-mail Address:

(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

Miguel Binedo

Date

9/2/10

Daytime Phone #

407. 948. 483

Typed or printed name of signing Managing Member/Manager