

M04000005188

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000005188

1. Limited Liability Company's Name

MCDONALD'S LATIN AMERICA, LLC.

05

300125747673

CR2E041 (12/07)

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

2915 JORIE BLVD

Suite, Apt. #, etc.

City & State

OAK BROOK, IL

Zip

60523

Country

USA

3. Mailing Office Address

PO BOX 66351

Suite, Apt. #, etc.

AMF O'HARE AIRPORT

City & State

CHICAGO

Zip

60666

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

11/30/2004

6. FEI Number

73-1719181

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

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

REGISTERED AGENT MUST SIGN

Troy Todd
as its agent

Date

4/24/2008

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	JOSE ARMARIO	ONE MCDONALD'S PLZ	OAK BROOK, IL 60523
MGR	JAMES M. KRAMER	ONE MCDONALD'S PLZ	OAK BROOK, IL 60523
MGR	MARIA M. LEGGETT	ONE MCDONALD'S PLZ	OAK BROOK, IL 60523
REINSTATEMENT 2005-2008			

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

Date

4/22/2008

Daytime Phone #

630-623-3295

Typed or printed name of signing Managing Member/Manager

James Kramer



CORPORATION SERVICE COMPANY

104000005188

ACCOUNT NO. : 072100000032

REFERENCE : 543095 4322716

AUTHORIZATION

COST LIMIT : \$ 555.00

ORDER DATE : April 24, 2008

ORDER TIME : 4:25 PM

ORDER NO. : 543095-005

CUSTOMER NO: 4322716

REINSTATEMENT

NAME: MCDONALD'S LATIN AMERICA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS

BK

RECEIVED
08 APR 25 AM 8:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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