

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 14 PM 2:59

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000002522

1. Limited Liability Company's Name

McLinden Family LLC

06

400161715774

CR2E041 (10/08)

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

225 W. Hubbard 4th FL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Zip

60654

Country

USA

Zip

Country

4. State/Country of Formation

Colorado/

5. Date Organized or Qualified

To Do Business in Florida 05/12/2005

6. FEI Number

20-1949267

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

Manu Koberstein

REGISTERED AGENT MUST SIGN

Date

6/18/09

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	Barbara McLinden	225 W Hubbard 4th FL	Chicago, IL 60654

REINSTATEMENT 2006-2009

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 608.408, 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

Barbara McLinden

Date

6/19/09

Daytime Phone #

312832-2500

Typed or printed name of signing Managing Member/Manager Barbara McLinden



CORPORATION SERVICE COMPANY

M05000002522

ACCOUNT NO. : I20000000195

REFERENCE : 155169 7157078

AUTHORIZATION :

Spence

COST LIMIT : \$ 655.00

ORDER DATE : October 14, 2009

ORDER TIME : 1:10 PM

ORDER NO. : 155169-005

CUSTOMER NO: 7157078

REINSTATEMENT

NAME: MCLINDEN FAMILY LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS

BK

RECEIVED
09 OCT 14 PM 1:43
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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