

PLEASE PRINT IN INK. INSTRUCTIONS FOR COMPLETING THIS FORM.

L01000010068

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 11 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010068
Name and Mailing Address

0001325 01 FP 0.352 **PRSRT T5 0 0615 33029-582961
MESSAM CONSULTING SERVICES, LLC
18961 SW 30TH STREET
MIRAMAR FL 33029-5829



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 18961 SW 30TH STREET MIRAMAR FL 33029		5. Date Organized or Qualified To Do Business in Florida 06/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0916410	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MESSAM, ANGELA 18961 SW 30TH STREET MIRAMAR FL 33029		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Not Permitted) 300012959195 02/21/03-01045 014 **200.00 City FL Zip Code	
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10. 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: Angela Messam Date: 3/1/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	Angela Messam, MGR	18961 SW 30th St Mir	Miramar, FL 33029
MGRM	Wayne Messam, MGR	18961 SW 30th St Mir	Miramar, FL 33029
MGRM	Lloyd Messam, MGR	18961 SW 30th St Mir	Miramar, FL 33029
			REINSTATEMENT 02-2003 MST

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: Angela Messam Date: 2/12/03 Daytime Phone #: 954.699.3973

Typed or printed name of signing Managing Member/Manager

CFR2E084 (8/02)