

# L02 000025946

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 10 AM 11:10

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

BK

DOCUMENT # L02000025946

1. Limited Liability Company's Name  
MVEST, LLC 08

600168402296  
02/10/10--01003--010 \*\*416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
2121 PONCE DE LEON BLVD

3. Mailing Office Address  
2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.  
SUITE # 1050

City & State  
Coral Gables, FL

Zip Country  
33134 U.S.

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
10/02/2002

6. FEI Number  
14-4214639

7. CERTIFICATE OF STATUS DESIRED  Additional Fee required

8. Name and Address of Current Registered Agent

Name  
CONSULTING SERVICES OF SOUTH FLORIDA, INC.

Street Address (P.O. Box Number is Not Acceptable)  
2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.  
SUITE # 1050

City  
Coral Gables

State Zip Code  
FL 33134

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  
[Signature]

Date  
02/09/2010

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
<u>mgr</u>	<u>Mejia, William A.</u>	<u>P.O. Box 573</u>	<u>Hallandale, FL 33008</u>

**REINSTATEMENT** 2008-2010

11. E-mail Address  
mariae@algarcia.com

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  
William A. Mejia

Date  
02/09/10

Daytime Phone #  
305/444-2213

Typed or printed name of signing Managing Member/Manager