

Annual Report

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 23 PM 2:20

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # LA7000000589

MS/SEP#2, GP, L.C.
16133 VENTURA BLVD, #1400
ENCINO, CA 91436

1a. Principal Place of Business Address

JAMES GRIFFIN
1401 E. BROWARD BLVD #302
FT LAUDERDALE, FL 33301

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

same as above

2a. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

05/29/97

3a. State of Formation

FL

4. FEI Number

95-4637286

☐ Applied For

☐ Not Applicable

5. Date of Last Report

01/05/98

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

GRIFFIN, JAMES
1401 E. BROWARD BLVD #302
FT LAUDERDALE, FL 33301

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

100002700741

-12/02/98-01083-002

***188.75 ***188.75

FL

Zip Code

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

Date

11/20/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR

HEARTHSTONE ADVISORS, INC.

16133 VENTURA BLVD, #1400

ENCINO, CA 91436

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

11/14/99

Daytime Phone # (818) 385-0005

Typed or printed name of signing Managing Member/Manager **MARK PORATH, ITS AUTHORIZED SIGNER**