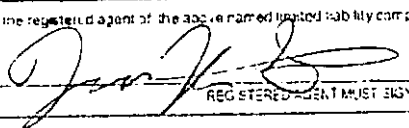
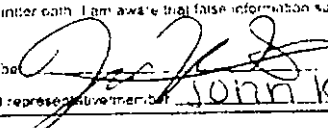


FILED

2021 JUN -7 PM 5:02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 000000004414 1. Limited Liability Company's Name ms Holdings LLC			
2. Principal Office Address (No P.O. Box) 701 W CR 419 Suite Apt. # etc.		3. Mailing Office Address PO BOX 623556 Suite Apt. #, etc.	
City & State Chuluota, FL		City & State Orlando, FL	
Zip 32766-9635	Country U.S.	Zip 32762-3556	Country U.S.
4. State/Country of Formation FL, U.S.			
5. Date Organized or Qualified To Do Business in Florida 4/17/2000			
6. FEI Number 59-3587061		☐ 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 John K. Smith Street Address (P.O. Box Number & Mail Acceptance Station) 701 W CR 419 Apt. # etc. City Chuluota			
State FL		Zip Code 32766	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 505, F.S. Signature of Registered Agent  Date 5/28/21 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title Manager	Name of Authorized Representative/Manager John K. Smith	Street Address of Each Authorized Representative/Manager PO BOX 623556	City/State/Zip Orlando FL 32762-3556
REINSTATEMENT 2019-2021			
11. E-mail Address johnkscf@cf1-rr.com			
12. I certify that I am an authorized representative manager of the removal or trustee empowered to execute this application as provided for in Chapter 505, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date 5/28/21	Daytime Phone # 407-466-6328
Typed or printed name of signing authorized representative/member John K. Smith			

· FLORIDA CAPITAL COURIER SERVICES. INC
· 2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. MS HOLDINGS LLC L00000004414
(Business Name) Document #

 Walk in Pick up time

 Mail out Will wait

 Photocopy

 Certified Copy (please stamp each page)

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMMENDMENTS

 Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTIL ()

Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 X Reinstatement
 Trademark
 Other

EXAMINER'S INITIALS: ja