FILED

2021 JUN -7 PM 5:02

TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600367814606
06/08/21--01003--024 **516.25

DOCUMENT # L00000054414

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
Oviedo, FL

Zip 32766-9535 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 4/13/2000

6 FEI Number 59-3587061 Applied For Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐ $500 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 Not Acceptable) Suite
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 605, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 5/28/21

10 Name and Street Addresses of Authorized Representative/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Member	City / State / Zip
MGR/M	John K Smith	PO BOX 623556	Oviedo FL 32762-3556

REINSTATEMENT
2019-2021

11 E-mail Address: johnkscf@cfl.rr.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/manager of the member or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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 # 407-466-6325

Type 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

___ Mail out

___ Photocopy

____**Certified Copy (please stamp each page)**

___ **Certificate of Status**

___ Pick up time_____

____ Will wait

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

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Limited Partnership
__X_Reinstatement
____Trademark
_____Other

EXAMINER'S INITIALS: IC