

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 FEB 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006687

1. Limited Liability Company's Name

MIC LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

5338 Collins Avenue

Suite, Apt. #, etc.

286

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

6538 Collins Avenue

Suite, Apt. #, etc.

286

City & State

Miami Beach, FL

Zip

33141

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06 / 08 / 2000

6. FEI Number

☐ 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

Apex Corporate Services LLC

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

320 85th Street

Suite, Apt. #, Etc.

14

City

Miami Beach

State

FL

Zip Code

33141

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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 Feb. 4, 2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Anastasia Stavrou	Andrea Avraamidi 26B, Latsia	Nicosia 2223, Cyprus

REINSTATEMENT 2009-2014

FEB 12 2013

T. HAMPTON

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 02 / 4 / 2014

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Connie Johnson