

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015208

1. Limited Liability Company's Name

MGT ACTION

2. Principal Office Address

16930 SW 74TH COURT

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33157

Country

DADE

3. Mailing Office Address

16930 SW 74TH COURT

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33157

Country

DADE

REINSTATEMENT

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/08/2000

6. FEI Number

65-1063152

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

EURIPIDES PSILOYENIS

400004666734-7

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

16930 SW 74th COURT

11/06/01 01003-028

*****50.00 *****50.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

REGISTERED AGENT MUST SIGN

Date 10/20/2001

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

MEMBER

EURIPIDES PSILOYENIS

16930 SW 74TH CT

MIAMI, FL 33157

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

10/20/2001

Daytime Phone #

(305) 233 9517

Typed or printed name of signing Managing Member/Manager

EURIPIDES PSILOYENIS

CR2E041 (9/01)