

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:24

DOCUMENT # **L01-1112**

1. Limited Liability Company's Name

**MSF AGRE-FINANCIAL, LLC**

**9/28/01**

2. Principal Office Address

3. Mailing Office Address

**1737 E. CENTRAL AV** **1737 E. CENTRAL AV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MERITT ISLAND, FL** **MERITT ISLAND, FL**

Zip Country

Zip Country

**32952** **USA**

**32952** **USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**12-7-00**

6. FEI Number

**59-3684644**

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

**ELLIOT JONES**

**200004640172-3**

**-10/17/01--01076--012**

**\*\*\*\*155.00 \*\*\*\*155.00**

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

**1737 E. CENTRAL AV**

Suite, Apt. #, etc.

**MERITT ISLAND**

City

**MERITT ISLAND**

State  
**FL**

Zip Code

**32952**

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 **10/13/01**

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

**ELLIOT JONES** **1737 E CENTRAL AV** **Merritt Island FL**

**Rin \$100.00**

**OBR 50.00**

**CUS 5.00**

**155.00**

**32952**

**REINSTATEMENT 2001**

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 **10/13/01** Daytime Phone # **3214527587**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)