PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN 15 PM 12: 09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000006912**

**1.** Limited Liability Company's Name

Moumouris, LLC

| **2.** Principal Office Address | **3.** Mailing Office Address | **4.** State/Country of Formation |
|---|---|---|
| 413 S. Volusia Ave. | 375 River Bluff Circle | Florida, USA |

| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **5.** Date Organized or Qualified To Do Business in Florida 05/01/2001 |
|---|---|---|

| City & State | City & State | **6.** FEI Number 06-1618626 | Applied For |
|---|---|---|---|
| Orange City, FL | DeBary, FL | | Not Applicable |

| Zip | Country | Zip | Country | **7.** CERTIFICATE OF STATUS DESIRED ☑ | $5.00 Additional Fee required for a Certificate of Status |
|---|---|---|---|---|---|
| 32713 | USA | 32763 | USA | | |

**8. Name and Address of Current Registered Agent**

5000269B5B25
01/15/04--01008--002 **\*20 .00

Name Kay P. Moumouris

Street Address (P.O. Box Number is Not Acceptable) 375 River Bluff Circle

Suite, Apt. #, Etc.

| City DeBary | State FL | Zip Code 32713 |
|---|---|---|

**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 _Kay P. Moumouris_   Date _1/5/04_

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

**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 |
|---|---|---|---|
| MEM | Andreas Moumouris | 375 River Bluff Circle | DeBary, FL 32713 |
| MEM | Kay P. Moumouris | 375 River Bluff Circle | DeBary, FL 32713 |
| | | | |
| | | | |
| | | REINSTATEMENT 2003-04 | |

**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 _Kay P. Moumouris_  Date _1/5/04_  Daytime Phone # _386 668-6050_

Typed or printed name of signing Managing Member/Manager _____