

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Jim Messam
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # **L01000010068**
Name and Mailing Address

03 MAR 11 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001325 01 FP 0.352 **PRSRT T5 0 0615 33029-582961

MESSAM CONSULTING SERVICES, LLC
18961 SW 30TH STREET
MIRAMAR FL 33029-5829



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 18961 SW 30TH STREET MIRAMAR FL 33029		5. Date Organized or Qualified To Do Business in Florida 06/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0916410 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent MESSAM, ANGELA 18961 SW 30TH STREET MIRAMAR FL 33029		9. Name and Address of New Registered Agent Name THOMAS Street Address (P.O. Box Not Permitted) 3300312959195 02/21/03 01045 014 **200.00 City FL Zip Code	
10. 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 <u><i>Angela Messam</i></u> Date <u>3/1/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBRM	<i>Angela Messam, MGR</i>	<i>18961 SW 30th St</i>	<i>Miramar, FL 33029</i>
MBRM	<i>Wayne Messam, MGR</i>	<i>18961 SW 30th St</i>	<i>Miramar, FL 33029</i>
MBRM	<i>Lloyd Messam, MGR</i>	<i>18961 SW 30th St</i>	<i>Miramar, FL 33029</i>
REINSTATEMENT			

12. 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 *Angela Messam* Date **2/12/03** Daytime Phone # **954.699.3973**

Typed or printed name of signing Managing Member/Manager