

11-10-2008 14:28

FROM-BARED & ASSOCIATES, P.A.

305-666-2831

T-541 P.002/003 F-926

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

08 NOV 19 PM 3:08

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L0100010734

1. Limited Liability Company's Name

MS Mark LLC

 600137951526
 11/14/08--01056--019 **\$60.00

CR2E041 (10/08)

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

15811 SW 49 Crt

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar

City & State

Zip

FL

Country

33027

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

651133783

Applied For

No: 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

Yovanka Sanchez

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

15811 SW 49 Crt

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

☒ A \$100 reinstatement fee is imposed, except
 in circumstances which the entity did not
 receive the prior notices. By checking this
 box, you are certifying the prior notices were
 not received and requesting the \$100
 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and except the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/13/08

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
MGR	Monika Sanchez	15811 SW 49 Crt	Miramar, FL 33027
MGR	Yovanka Sanchez	15811 SW 49 Crt	Miramar, FL 33027

REINSTATEMENT 105-08

 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 608.408, 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

Daytime Phone #

11/13/08

Typed or printed name of signing Managing Member/Manager Yovanka Sanchez/Manager