

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
J. Lynn Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000014546

FILED

02 NOV 15 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014546

Name and Mailing Address

0004436 01 FP 0.352 **PRST T4 0 0615 33437-150234



MYCOM, LLC

5534 AINSLEY COURT

BOYNTON BEACH FL 33437-1502

10/25/02



2. New Mailing Address

SAME

City, State, Zip

Principal Place of Business

5534 AINSLEY COURT
BOYNTON BEACH FL 33437

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/27/2001

6. FEI Number

38-3619837



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

YELLEN, MARK
5534 AINSLEY COURT
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name

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

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/25/02

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
Pres.	Mark Yellen	5534 Ainsley Ct	Boynton Beach, FL
			700008683187 33437
			10/29/02--01185--009 **400.00

REINSTATEMENT 2002

BK

BK

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

[Signature]

Date 11-68-02

Daytime Phone # 561 364 8300

Typed or printed name of signing Managing Member/Manager