

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020714

Name and Mailing Address

0007334 01 AT 0.292 \*\*AUTO T8 0 0615 33173-302080



M & A CONSULTING, LLC  
10300 SUNSET DRIVE, SUITE 380  
MIAMI FL 33173-3020



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/26/2001	
Principal Place of Business 10300 SUNSET DRIVE, SUITE 380 MIAMI FL 33173	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0457620 APPLIED FOR	Applied For 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 MARTINEZ, REYNALDO 10300 SUNSET DRIVE, SUITE 380 MIAMI FL 33173	9. Name and Address of New Registered Agent Name AYME, ALFREDO F. Street Address (P.O. Box Number is Not Acceptable) 500024101785 10/27/03--01020--001 **150.00 City FL Zip Code
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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 REQUIRED Date 10-16-03

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
PTS	AYME, ALFREDO F	10300 SUNSET DR 380	MIAMI FL 33173

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 REQUIRED Date 10-16-08 Daytime Phone # 305-271-3232

Typed or printed name of signing Managing Member/Manager