

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000021019

Name and Mailing Address

0003117 01 FP 0.352 **PRSR TO 0 0615 33305-330904

MCS, LLC
1504 NE 17 STREET
FT LAUDERDALE FL 33305-3309

03 APR -3 PM 3:44

REINSTATEMENT 2002-2003

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2. New Mailing Address 920 NE 17TH AVE #2 City, State, Zip FORT LAUDERDALE, FLORIDA 33304		4. State/Country of Formation FL	
Principal Place of Business 1504 NE 17 STREET FT LAUDERDALE FL 33305		5. Date Organized or Qualified To Do Business in Florida 11/19/2001	
3. New Principal Place of Business Address 920 NE 17TH AVE #2 City, State, Zip FT LAUD, FL 33304		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent MCGOWAN, JOHN 1504 NE 17 STREET FT LAUDERDALE FL 33305		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300009695109 12/26/02--01060--002 **150.00 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
Date Dec 20th 2002

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOHN MCGOWAN	920 NE 17TH AVE #2	FORT LAUDERDALE FLORIDA 33304
900009695109 04/03/03--01007--009 **50.00			
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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
Date DEC 20/02 Daytime Phone # 744-366-4946

Typed or printed name of signing Managing Member/Manager
JOHN MCGOWAN