

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 15 AM 10:45

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000006521

1. Limited Liability Company's Name

MIST LLC

2. Principal Office Address

1498 BELLEAIR RD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33756

Country

USA

3. Mailing Office Address

1498 BELLEAIR RD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33756

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified -  
To Do Business in Florida

2002

6. FEI Number

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

Name

STEPHEN MURPHY

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

1498 BELLEAIR RD

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

REINSTATEMENT 04-05

9. 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

REGISTERED AGENT MUST SIGN

Date

3/14/05

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	STEPHEN MURPHY	1498 BELLEAIR RD. CLEARWATER, FL 33756	CLEARWATER FL, 33756
MGR	MICHAEL LECCESE JR	12872 PINEWAY DR.	LARGO, FL 33773

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 608.406, 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

3/14/05

Daytime Phone #

727-449-2559

Typed or printed name of signing Managing Member/Manager

STEPHEN MURPHY

CR2E041 (10/02)