

# LD2000011766

9-26-03  
300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
DIVISION OF STATE  
DIVISION OF CORPORATIONS

OCT 23 AM 10:13

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LD2000011766

1. Limited Liability Company's Name

HENRY & ASSOCIATES, LLC

200080501122  
10/05/06--01046--010 \*\*325.00

CR2E041 (8/05)

<b>2. Principal Office Address</b> 2201 LUCIEN WAY Suite, Apt. #, etc. SUITE 402 City & State MAITLAND FL Zip 32751 Country USA		<b>3. Mailing Office Address</b> 2201 LUCIEN WAY Suite, Apt. #, etc. SUITE 402 City & State MAITLAND FL Zip 32751 Country USA	
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<b>4. State/Country of Formation</b> USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/15/2002	
<b>6. FEI Number</b> 20-5515672	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name MIRTHA VALDES MARTIN CPA	
Street Address (P.O. Box Number is Not Acceptable) 420 S COUNTRY CLUB ROAD	
Suite, Apt. #, Etc.	
City LAKE MARY	State FL
	Zip Code 32746

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 [Signature] Date 9/7/2006  
REGISTERED AGENT MUST SIGN

**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
MGAM	CYNTHIA J. MEYERS	2201 LUCIEN WAY SUITE 402	MAITLAND FL 32751

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 Cynthia J. Meyers Date 9/29/06 Daytime Phone # 407 678 6733  
Typed or printed name of signing Managing Member/Manager CYNTHIA J. MEYERS