

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017624

1. Limited Liability Company's Name

MSM, LLC

2. Principal Office Address

16291 BRISTOL POINTE DRIVE (SAME)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

FL.

Zip

33446

Country

USA

Zip

DELRAY BEACH

Country

FL.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7/12/02

6. FEI Number

01-0739994

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

MERYL MICHOZ

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

16291 BRISTOL POINTE DRIVE

Suite, Apt. #, Etc.

City

DELRAY BEACH, FL

State  
FL

Zip Code  
33446

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

Meryl Michoz

REGISTERED AGENT MUST SIGN

Date

12-9-03

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
MANAGER	MERYL MICHOZ	SAME AS ABOVE	

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

Meryl Michoz

Date

12-9-03

Daytime Phone #

561-499-9309

Typed or printed name of signing Managing Member/Manager

CR2041 (10/02)