

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000030018

1. Limited Liability Company's Name

M & S Holding, LLC

2. Principal Office Address

659 W. Lumsden Road

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

3. Mailing Office Address

659 W. Lumsden Road

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/12/2002

6. FEI Number

05-0539044

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

Nelson T. Castellano

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 2700

City

Tampa

State

FL

Zip Code

33602

300074662399  
05/16/06--01023--028 \*\*290.00

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 4/12/2006

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
MGRM	Alea, Michael T.	659 W. Lumsden Road	Brandon, FL 33511
MGRM	Alea, Estella L.	659 W. Lumsden Road	Brandon, FL 33511

REINSTATEMENT

2004-2006

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 4/14/06

Daytime Phone # 813 655 8877

Typed or printed name of signing Managing Member/Manager

ESTELLA L. ALEA