

# L03000017787

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JUN 15 AM 10:42

**LIMITED LIABILITY COMPANY REINSTATEMENT ANNUAL REPORT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L03000017787

1. Limited Liability Company's Name  
**MSLR, L.L.C.**

2. Principal Office Address - No P.O. Box #  
**9604 Parkview Ave**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**9604 Parkview Ave**  
Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33428** Country  
**US**

Zip  
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**US**

**700236442257**  
06/15/12--01018--014 \*\*230.75  
CR2E041 (1/11)

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**5/16/03**

6. FEI Number  
**86-1063939**

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**Heslie S Bologna**

Street Address (P.O. Box Number is Not Acceptable)  
**9604 Parkview Ave**

Suite, Apt. #, Etc.

City  
**Boca Raton** State  
**FL** Zip Code  
**33428**

E-mail Address:  
**TAXMANUSA @ AOL.COM**  
(To be used for future annual report notices)

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** \_\_\_\_\_ **Date** \_\_\_\_\_

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  |
|--------|-----------------------------------|--|---------------------|
| MEM    | Heslie S Bologna                  | 9604 Parkview Ave                              | Boca Raton FL 33428 |
| MBM    | Susan Adin                        | 10571 Stone Bridge Blvd                        | Boca Raton FL 33498 |
| MBM    | Michael Adin                      | 10571 Stone Bridge Blvd                        | Boca Raton FL 33498 |
|        |                                   |  |                     |
|        |                                   |  |                     |
|        |                                   |  |                     |

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of Managing Member/Manager** \_\_\_\_\_ **Date** 6/4/12 **Daytime Phone #** 561.3008737

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_