

PLEAS

L03 000031272

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

FmCI, LLC

PSK
7

2. Principal Office Address - No P.O. Box #

9640 NW 23 St.

Suite, Apt. #, etc.

3. Mailing Office Address

9640 NW 23 St

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

City & State

Coral Springs, FL

Zip

33065

Country

USA

8. Name and Address of Current Registered Agent

Name

Danielle Freels

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

9640 NW 23 St

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Danielle Freels

REGISTERED AGENT MUST SIGN

Date

2/12/09

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
mmr (mgr)	Danielle Freels	9640 NW 23rd St.	Coral Springs, FL 33065

REINSTATEMENT 2007-2009

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

Danielle Freels

Date

2/12/09

Daytime Phone #

954-629-6062

Typed or printed name of signing Managing Member/Manager

FILED

09 MAR -2 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700142983617
02/09/09--01015--004 **105.00

CR2E041 (10/08)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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