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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051183

1. Limited Liability Company's Name
M & S INVESTMENTS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6201 SW 70 STREET	6201 SW 70 STREET
Suite, Apt. #, etc.: 2ND FLOOR	Suite, Apt. #, etc.: 2ND FLOOR
City & State: SOUTH MIAMI, FL	City & State: SOUTH MIAMI, FL
Zip: 33143 Country: US	Zip: 33143 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/09/2004

6. FEI Number: 04-3794995 ☐ 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: RAUL MUNILLA

Street Address (P.O. Box Number is Not Acceptable): 6201 SW 70 STREET

Suite, Apt. #, Etc.: 2ND FLOOR

City: SOUTH MIAMI State: FL Zip Code: 33143

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 04/11/14

REGISTERED AGENT MUST SIGN Lauren Vadney, Attorney-in-Fact

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
PRES	CARMEN M. SANDOVAL	4706 GRANADA BLVD,	CORAL GABLES, FL 33146
VP	RAUL MUNILLA	6201 SW 70 STREET, 2ND FLOOR	SOUTH MIAMI, FL 33143
	REINSTATEMENT	APR 11 2014	
		R. HUNT	

11. E-mail Address: amartinez@mmlawfl.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 04/11/14 Daytime Phone #: 561-694-8107

Typed or printed name of signing Authorized Representative/Manager: Lauren Vadney, Attorney-in-Fact

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
M & S INVESTMENTS, LLC

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