

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 23 PM 4:14

DOCUMENT # L05000005825

1. Limited Liability Company's Name

MSA INVESTMENTS L.L.C.

PK
08

800161984938
10/21/09--01003--011 **300.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
2665 SOUTH BAYSHORE DR.

3. Mailing Office Address
2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.
SUITE 906

Suite, Apt. #, etc.
SUITE 906

City & State
COCONUT GROVE FL

City & State
COCONUT GROVE FL

Zip Country
33133 USA

Zip Country
33133 USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida 01/19/2005

6. FEI Number
202845717

☐ 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
JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)
2665 SOUTH BAYSHORE DR.

Suite, Apt. #, Etc.
SUITE 906

City
COCONUT GROVE FL

State Zip Code
FL 33133

☒ 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.

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 10-15-09

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
MGRM	MARIA ALBARRACIN	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133
MGRM	LUIS ALBARRACIN	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133

REINSTATEMENT 2008-2009

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

Date 10/15/09

Daytime Phone # 305-279-4101

Typed or printed name of signing Managing Member/Manager MARIA ALBARRACIN

L05000005825

FILED
SECRETARY OF CORPORATIONS
OCT 23 PM 4:14

October 15, 2009

Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: MSA INVESTMENTS L.L.C. (L05000005825)

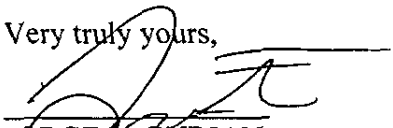
To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for MSA INVESTMENTS L.L.C. The annual Uniform Business Report had not been filed previously because the principal officer/director had never received the renewal package during calendar year 2008 or 2009. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2008 & 2009.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,


JORGE L. GURIAN


MARIA ALBARRACIN

Enclosure