

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Limited Liability Company's Name**

MITE, LLC

417 HENDRICKS ISLE

Suite, Apt. #, etc.

417 Hewitt's Blue

Suite, Apt. #, etc.

Fort Lauderdale

Zip

Country

33301

U.S.A.

FLORIDA

Zip

Country

33301

USA

Broward County, Florida

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

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## 6. FEI Number

20-2475518

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

**\$5.00 Additional Fee required  
for a Certificate of Status**

Name SANFORD N. REINHARD, P.A.

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

2875 NE 191ST STREET

Suite, Apt. #, Etc.

Suite 404

City Aventura

State  
**FL**

Zip Code  
3180

Signature of  
Registered Agent

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MSRM	MICHAEL Ambrosio	417 Hendricks Isle	FORT LAUDERDALE, FL 33301
MSRM	TERESA Ambrosio	417 Hendricks Isle	Fort Lauderdale FL 33301
			400130684954
			06/03/08--01029--012 **516.25
	REINSTATEMENT	2006-2008	

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 5/30/08

Daytime Phone# 365-931-6511

Typed or printed name of signing Managing Member/Manager