


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

07 NOV 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 05000072381**

1. Limited Liability Company's Name

MZ Network Solutions, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 16215 NE 18th Ct.		3. Mailing Office Address 16215 NE 18th Ct.	
Suite, Apt. #, etc. Apt 202		Suite, Apt. #, etc. Apt 202	
City & State Miami FL		City & State Miami FL	
Zip 33162	Country USA	Zip 33162	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 7/19/05	
6. FEI Number 20-3250112	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Michael Zambrozcki		
Street Address (P.O. Box Number is Not Acceptable) 16215 NE 18th Ct.		
Suite, Apt. #, Etc. Apt 202		
City Miami	State FL	Zip Code 33162

☒ 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

M. Zambrozcki
REGISTERED AGENT MUST SIGN

Date **11/28/07**

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
Owner	Michael Zambrozcki	16215 NE 18th Ct Apt. 202 Miami FL 33162	Miami FL 33162
REINSTATEMENT			
2006-2007			
200112813992			
12/04/07--01029--002 **100.00			
DB 11/28			

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

M. Zambrozcki

Date **11/28/07**

Daytime Phone# **786 512 9769**

Typed or printed name of signing Managing Member/Manager

Michael Zambrozcki