

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 FEB 16 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000064759

1. Limited Liability Company's Name

M. A. Consulting LLC

CR2E041 (10/08)

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

5721 Bayberry Lane

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33319

Country

USA

3. Mailing Office Address

5721 Bayberry Lane

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33319

Country

USA

4. State/Country of Formation

FL/US

5. Date Organized or Qualified

To Do Business in Florida June 23, 2006

6. FEI Number

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

Manuel Amador

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

5721 Bayberry Lane

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33319

☒ 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 1/30/2009

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 | Manuel Amador | 5721 Bayberry Lane | Tamarac/FL/33319 |
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REINSTATEMENT

07-09

2/16/09

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 1/30/2009 Daytime Phone # 954-535-1819

Typed or printed name of signing Managing Member/Manager MANUEL AMADOR