

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 07000073984**

1. Limited Liability Company's Name

MIS Professional Consulting, LLC

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

5221 Millenia Blvd.

Suite, Apt. #, etc.

202

City & State

Orlando, FL

Zip

32839

Country

USA

3. Mailing Office Address

5221 Millenia Blvd.

Suite, Apt. #, etc.

202

City & State

Orlando, FL

Zip

32839

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

7/16/2007

6. FEI Number

11-38/8035

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

Johnny Acevedo

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

5221 Millenia Blvd.

Suite, Apt. #, Etc.

202

City

Orlando

State

FL

Zip Code

32839

☒ 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

Johnny Acevedo

REGISTERED AGENT MUST SIGN

Date

2/11/2010

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
MGR	Johnny Acevedo	5221 Millenia Blvd, Apt 202	Orlando, FL 32839

600169137376

02/16/10--01053--009 **138.75

REINSTATEMENT

08-10

11. E-mail Address: **johnny@mps-pc.com**

(To be used for future annual report notifications)

12. 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

Johnny Acevedo

Date

2/11/2010

Daytime Phone #

407-267-3315

N. Oakes

MAR 3 - 2010

FILED

10 MAR -3 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/03/10--01012--012 **277.50

CR2E041 (11/09)