

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

MIR SERVICES LLC

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

5572 METROWEST

Suite, Apt. #, etc.

109

City & State

ORLANDO FL

Zip

32811

Country

USA

3. Mailing Office Address

5572 METROWEST

Suite, Apt. #, etc.

109

City & State

ORLANDO FL

Zip

32811

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

10.18.2007

6. FEI Number

NONE

☒ 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

MIRVAKHAB KAYUMOV

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

5572 METROWEST

Suite, Apt. #, Etc.

109

City

ORLANDO

State

FL

Zip Code

32811

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

10.30.2009

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
MEM	MIRVAKHAB	5572 METROWEST	ORLANDO FL
	KAYUMOV	APT 109	32811
REINSTATEMENT 08-09			

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

10.30.2009

Daytime Phone

(407) 346-50-71

Typed or printed name of signing Managing Member/Manager