

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**


FILED

2008 OCT 21 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L0800000285

1. Entity Name
MG CONSULTING, ENGINEERING AND CONSTRUCTION
LLC



Principal Place of Business
7142 NW 67 WAY
PARKLAND, FL 33067

Mailing Address
7142 NW 67 WAY
PARKLAND, FL 33067

2. Principal Place of Business - No P.O. Box #
N/A

3. Mailing Address
6662 Sunset Strip

Suite, Apt. #, etc.

City & State
Sunrise FL

Zip
33313

Country
BROWARD



10152008 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINCHINAT, SCHEBANIA
7142 NW 67 WAY
PARKLAND, FL 33067

7. Name and Address of New Registered Agent

Name
N/A

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

City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINCHINAT, SCHEBANIA 7142 NW 67 WAY PARKLAND, FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINCHINAT, HASCHBADDANA 333 SPANISH MOSS TERR APT 110 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINCHINAT, GUESCLIN 7142 NW 67 WAY PARKLAND, FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	700137013247 10/17/08--01022--002 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Schebania Pinchinat 10/15/08 954-914-8454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #