

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -5 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700200393797
04/04/11--01053--008 **516.25

CR2E041 (1/11)

09-11

DOCUMENT # L08000060495

1. Limited Liability Company's Name

M&S Ventures of South Florida, LLC

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

832 W Canal St. S

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

3. Mailing Office Address

832 W Canal St. S

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 19, 2008

6. FEI Number



Applied For



Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

swlittlehands@att.net

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name
Shirley L. Walters

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

832 W Canal St., S

Suite, Apt. #, Etc.

City

Belle Glade

State

FL

Zip Code

33430

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

Date

3/29/2011

REGISTERED AGENT MUST SIGN

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	Shirley L. Walters	1508 N.W. Ave P, Lot 31	Belle Glade, FL 33430
MGRM	Mark Walters	1508 N.W. Ave P, Lot 31	Belle Glade, FL 33430

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

3/29/2011

Daytime Phone #

561-996-0022

Typed or printed name of signing Managing Member/Manager Shirley L. Walters