

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000114193

**Entity Name:** M.A.P. MULTI SERVICES LLC

**FILED**  
**May 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4107 BAYKAL CT  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

4107 BAYKAL CT  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

P.O. BOX 881  
INTERCESSION CITY, FL 33848 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PIERRE, YVAN  
4107 BAYKAL CT  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: YVAN PIERRE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PIERRE, YVAN  
Address: 4107 BAYKAL CT  
City-St-Zip: KISSIMMEE, FL 34746 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: YVAN PIERRE

MGRM

05/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date