

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000063820

1. Limited Liability Company's Name

MSK INTERNATIONAL LLC

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

2800 SW Bear Paw Trail

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

3. Mailing Office Address

2800 SW Bear Paw Trail

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

8. Name and Address of Current Registered Agent

Name

Mayda Sotomayor Kirk

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

2800 SW Bear Paw Trail

Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/08/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Mayda Sotomayor Kirk	2800 SW Bear Paw Trail	Palm City, FL 34990

11. E-mail Address: mayda@sealdsweet.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 817.165, F.S.

Signature of authorized representative/member

Date

11/08/16

Daytime Phone #

772-559-3000

Typed or printed name of signing authorized representative/member

FILED

15 NOV 15 PM 9:58

SECRETAR
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business In Florida

5/11/2012

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

700292373057

11/15/16--01031--020 **655.00