

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

MS TRAINING SOLUTIONS, LLC
L12000071449

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

5009 Whitewater Way

Suite, Apt. #, etc.

City & State

Saint Cloud

Zip

34771

Country

USA

3. Mailing Office Address

5009 Whitewater Way

Suite, Apt. #, etc.

City & State

Florida

Zip

34771

Country

USA

CR2E041 (12/13)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/29/12

6. FEI Number

455368216

☐ 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

Michael L. Stansell

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

5009 Whitewater Way

Suite, Apt. #, Etc.

City

Saint Cloud

State

FL

Zip Code

34771

E-mail Address:

900255222609
01/03/14--01017--007 **238.75

mls0548@tacticalement.com

(To be used for future annual report notices)

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

Michael L. Stansell
REGISTERED AGENT MUST SIGN

Date 12.30.13

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Michael L. Stansell	5009 Whitewater Way	Saint Cloud, Fla. 34771

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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

Authorized Person

Michael L. Stansell

Date 12/30/13

Daytime Phone # 407-869-3181

Typed or printed name of signing Authorized Person Michael L. Stansell