

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 NOV 13 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L12000154115

1. Limited Liability Company's Name

MGSCOMM, LLC

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

1790 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

3. Mailing Office Address

1790 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/10/2012

6. FEI Number

X

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

ALBERTO GARCIA-SERRA

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

1790 CORAL WAY

Suite, Apt. #, Etc

City

MIAMI

State

FL

Zip Code

33145

E-mail Address:

300253812673

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al@mgscomm.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 608, F.S.

Signature of

Registered Agent



REGISTERED AGENT MUST SIGN

Date

4/7/13

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
MGR	ALBERTO GARCIA-SERRA	1790 CORAL WAY	MIAMI, FLORIDA 33145

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

4/7/13

Daytime Phone # 305-444-4647

Typed or printed name of signing Managing Member/Manager ALBERTO GARCIA-SERRA