

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 FEB -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L15000086957

1. Limited Liability Company's Name

M CONSULTING GROUP LLC

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

5625 NW 112 PATH

Suite, Apt. #, etc.

City & State

DORAL, FL

Zip

33178

Country

US

3. Mailing Office Address

5625 NW 112 PATH

Suite, Apt. #, etc.

City & State

DORAL, FL

Zip

33178

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida

05/15/2015

6. FEI Number

30-0871742

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

MARIA J MARTINEZ

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

5625 NW 112 PATH

Apt. # Etc

City

DORAL

State

FL

Zip Code

33178

600324582386

02/08/19--01023--001 **238.75

600324582386

02/08/19--01023--001 **238.75

Reinst.

17-19

DC

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 1/25/19

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	MARIA E MARTINEZ	5625 NW 112 PATH	DORAL, FL 33178
MGR	ALICE MARTINEZ	5625 NW 112 PATH	DORAL, FL 33178
MGR	JUAN P MARTINEZ	5625 NW 112 PATH	DORAL, FL 33178

11. E-mail Address

(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. 817.155, F.S.

Signature of authorized representative/member

Date 1/25/19

Daytime Phone # 305-794-2130

Typed or printed name of signing authorized representative/member

MARIA J MARTINEZ