

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000090583

1. Limited Liability Company's Name

MSP INNOVATIONS, LLC

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

4801 EXECUTIVE PARK COURT

Suite, Apt. #, etc.

SUITE 100

City & State

JACKSONVILLE, FL

Zip

32216

Country

3. Mailing Office Address

4801 EXECUTIVE PARK COURT

Suite, Apt. #, etc.

SUITE 100

City & State

JACKSONVILLE, FL

Zip

32216

Country

8 Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Courtney Williams

Asst. Vice President

Date 10.20.16

REGISTERED AGENT MUST SIGN

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	INMOTION ENTERTAINMENT GROUP	4801 EXECUTIVE PARK CT STE 100	JACKSONVILLE, FL 32216
AR	P JEREMY SMITH, JR	4801 EXECUTIVE PARK CT STE 100	JACKSONVILLE, FL 32216

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 10/15/16

Daytime Phone # (904) 332-0450

Typed or printed name of signing authorized representative/member

P. Jeremy Smith, Jr.

FILED

16 OCT 20 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900291475289

CR2041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MAY 21, 2015

6. FEI Number

47-4088293

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

K ASHTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 340300 7175592
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 238.75

ORDER DATE : October 20, 2016
ORDER TIME : 3:19 PM
ORDER NO. : 340300-005
CUSTOMER NO: 7175592

DOMESTIC FILINGS

NAME: MSP INNOVATIONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
10/20/16 3:25 PM
SUPERIOR COURT
TALLAHASSEE, FL

282