

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 JUN 22 PM 4:04

DOCUMENT # L16000180103

1. Limited Liability Company's Name
MULTISERVICES PRO USA LLC

400346787264
06/22/20--01035--021 **016.25

2. Principal Office Address - No P.O. Box # 2123 SW 27Th Ave		3. Mailing Office Address same as principal	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33145	Country	Zip	Country

CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09/27/2016	
6. FEI Number 81-3971579	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Marielsa Gonzalez		
Street Address (P.O. Box Number is Not Acceptable) Suite 2123 SW 27Th Ave		
Apt. #, Etc.		
City Miami	State FL	Zip Code 33145

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 [Signature] Date 06/19/2020
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	MARIELSA GONZALEZ	2123 SW 27Th Ave	Miami, FL 33145
MGR	ALEJANDRO HERNANDEZ	2123 SW 27Th Ave	Miami, FL 33145
			JUL 22 2020
			D CUSHING

11. E-mail Address: multiservicesprousa@gmail.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. 817.155, F.S.

Signature of authorized representative/member [Signature] Date 06/19/2020 Daytime Phone # 786-439-8576