

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JAN 13 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L95000600779

MSA Consulting, L.C.  
1081 Corkwood Street  
Hollywood, Florida 33019

1a. Principal Place of Business Address

1081 Corkwood Street  
Hollywood, Florida, 33019

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

11/95

Florida

4. FEI Number

65-0614134

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

~~Lester A. Simon~~ EILEEN MABUEY-SIMON  
1081 Corkwood Street  
Hollywood, Florida 33019

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

Date

12/12/96

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR/M	Lester A. Simon	1081 Corkwood St.	Hollywood, Florida 33019
MEM	EILEEN MABUEY-SIMON	1081 Corkwood St.	Hollywood, Florida 33019

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REINSTATEMENT 1996

A. Simon  
1/13/97

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.

Signature of  
Managing Member/Manager

Date

12/12/96

Daytime Phone #

(954) 921-0385

Typed or printed name of signing Managing Member/Manager