

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L95000000779

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 21 AM 10:49

DOCUMENT # L95000000779

1. Limited Liability Company's Name

MSA Consulting, L.C.

2. Principal Office Address

3. Mailing Office Address

1081 Corkwood Street

1081 Corkwood Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood

Zip

33019

Country

US

Zip

33019

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

October 11, 1995

6. FEI Number

65-0614737

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

Gileen Maloney-Simon

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

1081 Corkwood Street

Suite, Apt. #, Etc.

600003784246-3

-02/28/01--01014--005

****205.00 ****205.00

City

Hollywood

State

FL

Zip Code

33019

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

Gileen Maloney-Simon

REGISTERED AGENT MUST SIGN

Date 2-15-01

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
MEM	LESTER A. SIMON	1081 Corkwood Street	Hollywood, FL 33019

REINSTATEMENT 2000-2001

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

Lester A. Simon

Date 2/15/01

Daytime Phone #

954-931-0385

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)