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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L95000000779

FILED
03 JAN 24 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L95000000779

Name and Mailing Address

0001130 01 FP 0.352 **PRSRT T4 0 0615 33019-488081
MSA CONSULTING, L.C.
1081 CORKWOOD STREET
HOLLYWOOD FL 33019-4880

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/11/1995

Principal Place of Business: 1081 CORKWOOD STREET HOLLYWOOD FL 33019

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-0614734 ☐ 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

~~MALONEY SIMON, EILEEN~~ Lester A. Simon
1081 CORKWOOD STREET
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name: Lester A. Simon
Street Address (P.O. Box Number is Not Acceptable): 1081 Corkwood Street
City: Hollywood FL Zip Code: 33019

10. 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: Lester A. Simon Date: 1/3/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SIMON, LESTER A	1081 CORKWOOD STREET	HOLLYWOOD FL 33019

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01/21/03--01106--027 **205.00

REINSTATEMENT 02-03

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12. 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: 1/3/03 Daytime Phone # 954-921-0385

Typed or printed name of signing Managing Member/Manager