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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100025759821
12/26/03--01003--016 **155.00

DOCUMENT #

1. Limited Liability Company's Name

Municipal Systems Consulting, LLC

2. Principal Office Address

4919 Memorial Hwy.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, Florida

Zip

33634

Country

US

3. Mailing Office Address

4919 Memorial Hwy.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, Florida

Zip

33634

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

38-3550642

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

Jeffrey, D. Trim, PE

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

4919 Memorial Highway

Suite, Apt. #, Etc.

200

City

Tampa

State

FL

Zip Code

33634

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	Nicholas P. Lomako	25251 Northline Rd.	Taylor, MI 48180
MGR	Jon M. Huegli	25251 Northline Rd.	Taylor, MI 48180

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Jeffrey D. Trim

Date

12/16/03

Daytime Phone #

813-882-8366

Typed or printed name of signing Managing Member/Manager

CR20041 (10/02)