

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 17 AM 10:07

DOCUMENT # *1703000001859*

1. Limited Liability Company's Name

MCS Partners, LLC

2. Principal Office Address

130 Fisherman's Cove

Suite, Apt. #, etc.

City & State

Destin, FL

Zip
32550

Country
USA

3. Mailing Office Address

130 Fisherman's Cove

Suite, Apt. #, etc.

City & State

Destin, FL

Zip
32550

Country
USA

CR2E041 (8/05)

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

06/09/2003

6. FEI Number

20-0008400

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

Michael A. Scozzafave

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

130 Fisherman's Cove

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

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

Michael A. Scozzafave

Date

1/9/06

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|---|
| MGRM | Scozzafave, Michael | 8814 St. Andrews Drive | Destin, FL 32550 |
| | | | 000065013400 02/01/06--01089--007 **150.00 |
| | | | REINSTATEMENT 04-06 |
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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

Michael A. Scozzafave

Date

1/9/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MICHAEL A. SCOZZAFAVE

MCS Partners, LLC
130 Fisherman's Cove
Destin, FL 32550

Current Registered Agent: Michael A. Scozzafave
8814 St. Andrews Drive
Destin, FL 32550

To Whom It May Concern:

In accordance with s.607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

A handwritten signature in black ink, appearing to read 'Michael A. Scozzafave', written over a horizontal line.

Michael A. Scozzafave
Managing Member