

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JUN 15 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007933

1. Corporation Name

M.S.M MANAGEMENT, INC.

100157178601
06/15/09--01053--003 **450.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

5032 SW 34TH TER

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

3. Mailing Office Address

5032 SW 34TH TER

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/21/2003

5. FEI Number
75-3096377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOSAYOV, MICHAEL

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

5032 SW 34TH TER

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 06-09-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL MOSAYOV	5032 SW 34TH TER	FORT LAUDERDALE, FL 33312

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

MICHAEL MOSAYOV

06-09-09

(305) 467-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Unchd JUN 15 2009