

# L00000014807

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 28 AM 8:01

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

DOCUMENT # L00000014807

1. Limited Liability Company's Name  
Solvus Consulting, LLC

400008639814  
10/28/02--01139--001 \*\*155.00

2. Principal Office Address <u>18455 MIRAMAR PKWY</u>		3. Mailing Office Address <u>18455 MIRAMAR PKWY</u>	
Suite, Apt. #, etc. <u>#205</u>		Suite, Apt. #, etc. <u>#205</u>	
City & State <u>MIRAMAR FL</u>		City & State <u>MIRAMAR FL</u>	
Zip <u>33029</u>	Country <u>USA</u>	Zip <u>33029</u>	Country <u>USA</u>

4. State/Country of Formation  
FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida  
11/30/2000

6. FEI Number  
651058888

7. CERTIFICATE OF STATUS DESIRED  Do not select this option unless you are a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)  
1000 WEST AVE.

Suite, Apt. #, etc.  
SUITE 1114

City  
MIAMI BEACH

State  
FL

Zip Code  
33029

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: Richard Oster, P. REGISTERED AGENT MUST SIGN

Date: 10/25/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>Jeffrey Hazelwood</u>	<u>19886 SW 28th Miramar</u>	<u>Miramar FL 33029</u>
<u>MGRM</u>	<u>Earl Lachance</u>	<u>138 2220 22nd St Miami FL 33124</u>	<u>Miami FL 33124</u>
<u>MGRM</u>	<u>John Dries</u>	<u>2744 SW 34th Ave</u>	<u>Miami FL 33133</u>
<u>MGRM</u>	<u>Jesus Hoyos</u>	<u>17651 SW 28th Ct</u>	<u>Miramar FL 33029</u>

**REINSTATEMENT 2002**

11. I certify that I am managing member/manager or the partner 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 608.400, 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: [Signature] Date: 10/25/02 Daytime Phone # 954-694-0274

Typed or printed name of signing Managing Member/Manager: Jesus Hoyos

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