


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 SEP 20 AM 10:34

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000038759

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

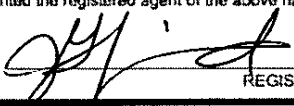
2. Principal Office Address 707 E Concord Street		3. Mailing Office Address 707 E Concord Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32803	Country U.S.A.	Zip 32803	Country U.S.A.

CR2E041 (8/05)

4. State/Country of Formation FLORIDA, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 10/10/2003	
6. FEI Number 010800486	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name JILL M. BENOUAICH	
Street Address (P.O. Box Number is Not Acceptable) 707 E Concord Street	
Suite, Apt. #, Etc.	
City Orlando, FL	State Zip Code FL 32803

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.

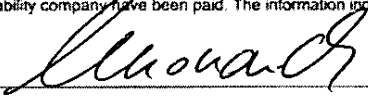
Signature of Registered Agent  Date 9/22/06

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	DAVID BENOUAICH	707 E Concord Street	Orlando, FL, 32803
MGRM	JILL M. BENOUAICH	707 E Concord Street	Orlando, FL, 32803

REINSTATEMENT 05-06

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  Date 9/22/06 Daytime Phone# 407.595.2599

Typed or printed name of signing Managing Member/Manager DAVID BENOUAICH