

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2014 JAN 2 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L12000037938

1. Limited Liability Company's Name  
PRIDE HEALTHCARE SALES CONSULTANTS  
LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #  
908 NE 16<sup>th</sup> PLACE

3. Mailing Office Address  
908 ~~STATE~~ NE 16<sup>th</sup> PL

4. State/Country of Formation  
BRADSHAW COUNTY, FL <sup>(LORW 9/2/13)</sup>

Suite, Apt. #, etc.

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5. Date Organized or Qualified  
To Do Business in Florida 3/19/12

City & State  
FT. LAUDERDALE, FL

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FT. LAUDERDALE, FL

6. FEI Number  
45-4840586  Applied For  
 Not Applicable

Zip 33305 Country USA

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7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent  
Name  
WALTER R. WEISS  
Street Address (P.O. Box Number is Not Acceptable)  
908 NE 16<sup>th</sup> PLACE  
Suite, Apt. #, Etc.  
City FT. LAUDERDALE State FL Zip Code 33305

E-mail Address:  
800255166938  
01/02/14--01012--008 \*\*238.75  
walterrweiss@aol.com  
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Walter R. Weiss Date 12/31/13  
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	WALTER R. WEISS	908 NE 16 <sup>th</sup> PL	FT. LAUDERDALE, FL <sup>33305</sup>
	<b>REINSTATEMENT</b>		
			<b>S. HAWKES</b>
			JAN - 3 A.M.
			<b>EXAMINER</b>

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Authorized Person Walter R. Weiss Date 12/31/13 Daytime Phone # (954) 547-6734  
Typed or printed name of signing Authorized Person \_\_\_\_\_