

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2024 MAR 28 PM 4:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

700428789197 03/28/24--01005--005 \*\*377.00

DOCUMENT # L22000500274
i. Limited Liability Company's Name
2nd chance consultant LLC

2. Principal Office Address - No P.O. Box #
1000 Brickell AVE
Suite, Apt. #, etc.
STE 712 #2055
City & State
miami, FL
Zip
33131 Country
USA

3. Mailing Office Address
1000 Brickell AVE
Suite, Apt. #, etc.
STE 712 #2055
City & State
miami, FL 33131
Zip
33131 Country
USA

4. State/Country of Formation
FL USA
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number
None
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent
Name
Registered Agents Inc
Street Address (P.O. Box Number is Not Acceptable) Suite,
7901 4th St N. SF
Apt. #, Etc.
STE 300
City
St Petersburg FL
State
FL Zip Code
33702

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 James German
Date 3/28/24
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers
Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member James German Date 3/28/24 Daytime Phone # 424-448-2536
Typed or printed name of signing authorized representative/member Jameson German

