

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 2:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L000000001120

1. Limited Liability Company's Name

HMJ Consulting, LLC

300026034309
01/06/04--01003--001 **150.00

2. Principal Office Address

1890 Log Ridge Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Same as 2

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

1/31/2000

6. FEI Number

S93620104

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Tallahassee, Florida

City & State

Zip

32312

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Christopher B. Lunny

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

313 North Monroe Street

Suite, Apt. #, Etc.

Suite 200

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

Date

12/15/2003

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	M. Joel Prather	313 North Monroe Street	Tallahassee, FL 32301
MGR	Heather M. Prather	313 North Monroe Street	Tallahassee, FL 32301

REINSTATEMENT 2003

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

[Signature]

Date

12/4/03

Daytime Phone #

301-347-4456

Typed or printed name of signing Managing Member/Manager

M. Joel Prather

CR2E041 (10/02)