

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED-LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL -2 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001292

1. Limited Liability Company's Name

EAGLE CONSULTING GROUP, LLC

200006227512--6

-07/05/02--01067--004

****100.00 ****100.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32257

U.S.A.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

2/3/2000

6. FEI Number

59-3622035

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DESPINA K. GARSON

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

2720 FOREST CIRCLE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

200006227512--6

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*****50.00 *****50.00

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*****50.00 *****50.00

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

Despina K. Garson
REGISTERED AGENT MUST SIGN

Date

6/26/02

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
	<u>Despina K. Garson</u>	<u>2720 Forest Circle</u>	<u>Jacksonville, FL 32257</u>

REINSTATEMENT 06-02
dcl

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

Despina K. Garson

Date

6/26/02

Daytime Phone #

904-733-8756

Typed or printed name of signing Managing Member/Manager

DESPINA K. GARSON