

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000001745

1. Limited Liability Company's Name

Welch Business Solutions & Consulting, LLC.

2. Principal Office Address - No P.O. Box #

2133 Carroll Garden Lane

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip
33612

Country
USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

February 3, 2000

6. FEI Number

59-3622513

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
Richard T. Welch

Street Address (P.O. Box Number is Not Acceptable)
2133 Carroll Garden Lane

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33612

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Richard T. Welch

REGISTERED AGENT MUST SIGN

Date **April 23, 2007**

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	Richard T. Welch	2133 Carroll Garden Lane	Tampa, Florida 33612
			500101768525 05/08/07--01006--013 **450.00
			REINSTATEMENT 01-07

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

Richard T. Welch

Date **April 23, 2007**

Daytime Phone# **(813) 932-6461**

Typed or printed name of signing Managing Member/Manager

Richard T. Welch

FILED

2007 APR 30 AM 10:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/07)