

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 15 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001961

1. Limited Liability Company's Name
SARATOGA CONSULTING, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1015 10th St.		3. Mailing Office Address 1015 10th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Park, FL		City & State Lake Park, FL	
Zip 33403	Country US	Zip 33403	Country US

4. State/Country of Formation FL/US	
5. Date Organized or Qualified To Do Business in Florida 02/16/2000	
6. FEI Number 65-1000405	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
Simoes, Randall S

Street Address (P.O. Box Number is Not Acceptable) Suite,
1015 10th St.

Apt #, Etc.

City Lake Park	State FL	Zip Code 33403
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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 *[Signature]* Date 12/28/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Simoes, Randall S	1015 10th St.	Lake Park, FL 33403

S. HAWKES
JAN 5 AM
EXAMINER

REINSTATEMENT

11. E-mail Address: randalls@ppicash.com

(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 *[Signature]* Date 12/28/15 Daytime Phone # 561-472-1502

Typed or printed name of signing authorized representative/member Randall S. Simoes, Manager