

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  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # **L 0000000 6572**

1. Limited Liability Company's Name

**SOLUTIONS, LLC**

2. Principal Office Address

**1665 LAKESHORE DR.**

Suite, Apt. #, etc.

City & State

**EUSTIS FLORIDA**

Zip

**32726**

Country

**USA**

3. Mailing Office Address

**1179 CORPORATE DRIVE WEST**

Suite, Apt. #, etc.

**SUITE 100**

City & State

**ARLINGTON, TEXAS**

Zip

**76006**

Country

**USA**

4. State/Country of Formation

**FLORIDA / LUKE**

5. Date Organized or Qualified To Do Business in Florida

**6-7-2000**

6. FEI Number

**59-3648716**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

**\$3.00 Additional Fee required for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**GARY L. SIMMONS**

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

**1665 LAKESHORE DR.**

Suite, Apt. #, Etc.

City

**EUSTIS**

State

**FL**

Zip Code

**32726**

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\*\*\*150.00 \*\*\*150.00

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

*Gary L. Simmons*  
 REGISTERED AGENT MUST SIGN

Date

**11/15/01**

**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	Greg H. Sellards	1179 CORPORATE DRIVE WEST #100	ARLINGTON TEXA 76006
MGRM	M. Douglas Archer	"	"
MGRM	Greg Weiss	"	"
<p><b>REINSTATEMENT 2001</b></p>			<p>Rein 100                      OBR 50                      150 up</p>

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

*Greg H. Sellards*

Date **11-13-01**

Daytime Phone # **800-678-6633 Ext 113**

Typed or printed name of signing Managing Member/Manager

**Greg H. Sellards**

CR2E041 (9/01)