

PLEASE READ ALL INSTRUCTIONS BEFORE CC

THIS FORM.

2009 LLC LTR  
APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008191

Name and Mailing Address

0005046 01 FP 0.352 \*\*PRSR T5 0 0615 33619-763131

CUSTOMER DEVELOPMENT CONSULTING, L.L.C.  
1306 HIGH HAMMOCK DRIVE  
#106  
TAMPA FL 33619-7631



09/11/02 90061 047 \$50.00

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/12/2000	
Principal Place of Business 1306 HIGH HAMMOCK DRIVE #106 TAMPA FL 33619-7631	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3659264	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name: PAUL THIBODEAU Street Address (P.O. Box Number is Not Acceptable): 1306 High Hammock Dr #106 City: TAMPA FL Zip Code: 33619
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10. 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: 10/28/02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BARBOSA, GREGORY	3416 CITRESS LANDING DRIVE	VALRICA FL 32594
MGRM	THIBODEAU, PAUL E	1306 High Hammock Dr #106	TAMPA, FL 33619

12. 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: 10/28/02 Daytime Phone #: 813-727-3048

Typed or printed name of signing Managing Member/Manager: PAUL THIBODEAU

CR2E084 (8/02)