

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

01 DEC 10 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012203

1. Limited Liability Company's Name

LEADERSHIP SOLUTIONS FLORIDA, L.L.C.

2. Principal Office Address

10371 NW 39th PL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

U.S.

Zip

Country

4. State/Country of Formation

FLORIDA U.S.

5. Date Organized or Qualified
To Do Business in Florida

10-4-00

6. FEI Number

65-1047360

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

ANN M. MEACHAM

300004725183-7

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

10371 NW 39th PL

-12/13/01--01071--005

***150.00 ***150.00

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Ann M. Meacham

Date 12-5-01

REGISTERED AGENT MUST SIGN

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>PRINCIPAL MEMBER</u>	<u>ANN MEACHAM</u>	<u>10371 NW 39th PL</u>	<u>CORAL SPRINGS, FL 33065</u>
<u>FOUNDING MEMBER</u>	<u>PETER ARTHUR - SMITH</u>	<u>575 LEXINGTON AVE 4th FL</u>	<u>NY, NY 10022</u>

REINSTATEMENT

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dec

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

Ann M. Meacham

Date 12-5-01

Daytime Phone # 954-344-9892

Typed or printed name of signing Managing Member/Manager

ANN M. MEACHAM