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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000012543

Name and Mailing Address

0010290 01 AT 0.292 **AUTO T7 3 0615 33785-235038



DALLAS CONSULTING LLC
19823 GULF BLVD #38
INDIAN SHORES GL 33785-2350



2. New Mailing Address <i>N/A</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/12/2000	
Principal Place of Business 19823 GULF BLVD #38 INDIAN SHORES GL 33785	3. New Principal Place of Business Address <i>N/A</i>	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
City, State, Zip		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 NOBLE, LINDSEY 19828 GULF BLVD. INDIAN SHORES FL 33785		9. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) 800024387628 11/03/03--01096--007 **150.00 City FL Zip Code	
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 REQUIRED	
		Date	
REGISTERED AGENT MUST SIGN			

CR2E084 (7/03)

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
PRE	NOBLE, LINDSEY	19823 GULF BLVD #38	INDIAN SHORES GL 33785

REINSTATEMENT 03
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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 LINDSEY NOBLE Date 10/29/03 Daytime Phone # (813) 714-9462

Typed or printed name of signing Managing Member/Manager LINDSEY NOBLE