

L00000012938

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 10 PM 2:18

DOCUMENT # L00000012938

1. Limited Liability Company's Name

PRACTICAL Solutions Group, LLC

2. Principal Office Address

4947 Boxwood Circle

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

USA

3. Mailing Office Address

4947 Boxwood Circle

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

OCT 2000

6. FEI Number

65-1043119

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

SHARON TURRELL

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

4947 Boxwood Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

400004768404--4

-01/11/02--01026--001

***155.00 ***155.00

REINSTATEMENT
FILING FEE PAID

2001

Oct 11/02

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

Sharon M. Turrell

REGISTERED AGENT MUST SIGN

Date

1/7/2002

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	Anne KILPATRICK	2250 Fuller-Wiser Rd #6204	EULESS, TX 76039
MGRM	Lori TURRELL - Neumann	910 S.W. 27 Ave	Boynton Beach, FL 33435
MGRM	Sharon Turrell	4947 Boxwood Circle	Boynton Beach, FL 33436

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

Sharon M. Turrell

Date

1/7/02

Daytime Phone #

561-704-6902

Typed or printed name of signing Managing Member/Manager

SHARON M. TURRELL

CR2E041 (9/01)