

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 OCT 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2001**

**DOCUMENT #** L000000015651

**1. Limited Liability Company's Name**

EXPERT INFORMATION TECHNOLOGY

**2. Principal Office Address**

7929 BILTMORE BLVD

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

U.S.A.

**3. Mailing Office Address**

7929 BILTMORE BLVD

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

U.S.A.

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

12-18-2000

**6. FEI Number**

65-1064720

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

TANYA GRANT

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

7929 BILTMORE BOULEVARD

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

600004653826-4

-10/25/01--01072--018

\*\*\*\*155.00 \*\*\*\*155.00

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-15-2001

**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
CEO/ MGR	TANYA GRANT	7929 BILTMORE BOULEVARD	MIRAMAR, FL 33023

**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

*[Signature]*

Date 10-15-01 Daytime Phone # (954) 965-7272

Typed or printed name of signing Managing Member/Manager

TANYA GRANT

CR2E041 (9/01)