

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUL 28 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015734

1. Limited Liability Company's Name

LINCOLN PARK CONSULTING LLC

300133753623  
07/30/08--01022--017 \*\*516.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

1810 NW 5TH PL

Suite, Apt. #, etc.

Suite 413

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

USA

5. Date Organized or Qualified  
To Do Business in Florida

12/19/2000

6. FEI Number

472 46 1141

☐ 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

NRAI Services, Inc

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

2731 Executive Park Dr. Ste 4

Suite, Apt. #, Etc

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Grant J. Perry*  
REGISTERED AGENT MUST SIGN

Date 7/15/08

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
MGR	JOHN A BROWN	74 Fiesta Way	Ft. Lauderdale, FL 33301

REINSTATEMENT

06-08

11. I certify that I am managing member/manager of 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

*John A. Brown*

Date 7/15/08

Daytime Phone # 773 251 3331

Typed or printed name of signing Managing Member/Manager

JOHN A. BROWN