PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -9 PM 3:25
MJH
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/9

100029071441
02/19/04--01015--018 **150.00

DOCUMENT # L01000004621

1. Limited Liability Company's Name
Midwest Consulting Services LLC

2. Principal Office Address
111 N. Pompano Beach Blvd.
Suite, Apt. #, etc.
Suite 2010
City & State
Pompano Beach, FL
Zip 33062 Country USA

3. Mailing Office Address
- Same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
3/26/01

6. FEI Number
36-4431188
☐ 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
100029071441
04/13/04--01077--001 **50.00
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave
Suite, Apt. #, Etc.
City
Tallahassee, FL
State FL
Zip Code 32301

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 Juanita Mahaney Asst Sec
REGISTERED AGENT MUST SIGN
Date 2-6-04

CR2E041 (10/02)

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
Mg. Member	Floyd C. Warmann	111 N. Pompano Beach Blvd	Pompano Beach FL 33062

REINSTATEMENT 2003-2004

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 Floyd C. Warmann Date 1/20/04 Daytime Phone # 954-782-1816

Typed or printed name of signing Managing Member/Manager