

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2003  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
CLR



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

FILED

03 MAY 22 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005628

1. Limited Liability Company's Name

PROFESSIONAL CONSULTING ASSOCIATES,  
LLC

200019732862  
05/22/03--01013--017 \*\*50.00

2. Principal Office Address 1429 OLDE FORGE LN. Suite, Apt. #, etc. City & State WOODSTOCK, GA Zip 30189 Country USA		3. Mailing Office Address 1429 OLDE FORGE LN. Suite, Apt. #, etc. City & State WOODSTOCK, GA Zip 30189 Country USA	
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4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 4-6-01	
6. FEI Number 52-2316758	Applied For Not Applicable
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

Name J. NICKOLAS ALEXANDER, JR., ESQ.  
Street A 2037 CARNES AVE.  
Suite, Apt. #, Etc.  
City ORANGE PARK, FL Zip Code 32073

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

*J. Nicholas Alexander, Jr.*  
REGISTERED AGENT MUST SIGN

Date 4-30-03

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
PRES- MGRM	LISA M. ALEXANDER	1429 OLDE FORGE LN	WOODSTOCK, GA 30189
VP MGRM	NICHOLAS C. ALEXANDER	1429 OLDE FORGE LN	WOODSTOCK, GA 30189

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

*L. Alexander*

Date 4-30-03 Daytime Phone # (770) 714-9090

Typed or printed name of signing Managing Member/Manager LISA MARIE ALEXANDER

CR2E041 (9/01)