LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 AUG 28 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006796

1. Limited Liability Company's Name
PS + T Consulting Group, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
986 Alvarez Ave	9000 Regency Sq Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 320
City & State: The Villages FL	City & State: Jacksonville FL
Zip: 32159 Country: US	Zip: FL 32211 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 5/1/01
6. FEI Number: 58 2633596 ☐ 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: Paul Rohan
Street Address (P.O. Box Number is Not Acceptable): 95 N Roscoe Rd
Suite, Apt. #, Etc.
City: Ponte Vedra Beach State: FL Zip Code: 32082

☐ 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 ______________ REGISTERED AGENT MUST SIGN Date: 7/1/09

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	Paul Rohan	95 N Roscoe Rd	Ponte Vedra Beach, FL

600159704316
08/18/09--01032--010--**416.25
08/18/09-01032-010-$416.25

REINSTATEMENT 06-09

600159704316
07/13/09--01066--002--**238.75
07/13/09-01066-002-$238.75

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 with 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 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 ______________ Date 7/1/09 Daytime Phone: (904) 998-8321

Typed or printed name of signing Managing Member/Manager ______________