

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -7 PM 1:44

DOCUMENT # L01000009029

1. Limited Liability Company's Name

PDM consulting LLC

2. Principal Office Address

400 Hayden Rd

Suite, Apt. #, etc.

158

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32304

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6/6/2001

6. FEI Number

59-3723175

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

Spencer Ingram

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

118 Salem Ct

Suite, Apt. #, Etc.

City

Tallahassee

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

Spencer Ingram  
REGISTERED AGENT MUST SIGN

Date 5/7/04

**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
MEM	Peter McElurray	400 Hayden Ct Tallahassee FL 32304	

**REINSTATEMENT 02-03**

**FILE**

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

Peter McElurray

Date

5/7/04

Daytime Phone #

850 926-4416

Typed or printed name of signing Managing Member/Manager

Peter McElurray

CR2041 (10/02)