

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
DIVISION OF CORPORATIONS

07 JAN 10 AM 11:40

DOCUMENT # **L01000013930**

1. Limited Liability Company's Name

Mid-South Consulting, LLC

2. Principal Office Address

5213 Isleworth Country Club Drive

3. Mailing Office Address

5213 Isleworth Country Club Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Windermere, FL

Zip

34786

Country

Zip

34786

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/17/2001

6. FEL Number

59-3738518

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

Jim Stone

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

5213 Isleworth Country Club Drive

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

1/9/07

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
P	Jim Stone	5213 Isleworth Country Club Drive	Windermere, FL 34786

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

Date

1/9/07

Daytime Phone #

407-765-4455

Typed or printed name of signing Managing Member/Manager