

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

13934
FILED

1. DOCUMENT # L01000013934

Name and Mailing Address

0000573 01 FP 0.352 **PRSR T2 0 0615 32779-312734



S.L.D. CONSULTING, LLC
3134 TALA LOOP
LONGWOOD FL 32779-3127

2002 OCT 31 AM 10:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

3134 TALA LOOP
LONGWOOD FL 32779

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/20/2001

6. FEI Number

59-3755275

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

DASH, SANDRA L
3134 TALA LOOP
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name

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

City

200008734042
10/31/02--01114--003FL**135.00

10. 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

Sandra L. Dash

Date 10/26/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DASH, SANDRA L	3134 TALA LOOP	LONGWOOD FL 32779

REINSTATEMENT 2002

JB

12. 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

Sandra L. Dash

Date

10/26/02

Daytime Phone #

407-444 0415

Typed or printed name of signing Managing Member/Manager

SANDRA L. DASH

CR2E084 (8/02)