

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DIVISION

07 OCT 24 PM 3:57

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000018413

1. Limited Liability Company's Name

**Above the Line Consulting, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>3098 NW 60th Street</b>		3. Mailing Office Address <b>3098 NW 60th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33496</b>	Country <b>US</b>	Zip <b>33496</b>	Country

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/23/2001</b>	
6. EEI Number <b>65-1146891</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00	

8. Name and Address of Current Registered Agent	
Name <b>Michael Ralby</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3098 NW 60th Street</b>	
Suite, Apt. #, Etc.	
City <b>Boca Raton</b>	State <b>FL</b> Zip Code <b>33496</b>

☐ 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  Date 10/23/07  
REGISTERED AGENT MUST SIGN

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
MGRM	Michael Ralby	3098 NW 60th Street	Boca Raton, FL 33496

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 10/23/07 Daytime Phone # 561-414-5709  
Typed or printed name of signing Managing Member/Manager Michael Ralby

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