

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019782

1. Limited Liability Company's Name

RELATIONAL RESOURCES LLC

2. Principal Office Address

1300 NE 3rd St

Suite, Apt. #, etc.

UNIT 14

City & State

FORT LAUDERDALE FL

Zip

33301

Country

USA

3. Mailing Office Address

1300 NE 3rd St.

Suite, Apt. #, etc.

UNIT 14

City & State

FORT LAUDERDALE FL

Zip

33301

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

11/09/01

6. FEI Number

65-1148239

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

GREGORY G. HUTCHINSON

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

1300 NE 3rd Ave, UNIT 14

800042361078

11/01/04--01063--006 **200.00

Suite, Apt. #, Etc.

City

FORT LAUDERDALE FL

State

FL

Zip Code

33301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Oct 28/04

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
MR	GREGORY G. HUTCHINSON	1300 NE 3 rd St. #14	Fort Lauderdale FL 33301
-	-	-	-
-	-	-	-
-	-	REINSTATEMENT	03-04
-	-	-	-
-	-	-	-

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

[Signature]

Date 10/28/04

Daytime Phone #

954 822-7447

Typed or printed name of signing Managing Member/Manager

GREGORY G. HUTCHINSON

CR2E041 (10/02)