

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A.
Account Number : 075410001562
Phone : (813)228-7411
Fax Number : (813)228-9401

LIMITED LIABILITY REINSTATEMENT

LEE E. TENZER CONSULTING COMPANY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$205.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2004 SEP 23 AM 9:51 JUDICIAL CORPORATIONS TALLAHASSEE, FLORIDA	
DOCUMENT # 102000011962 1. Limited Liability Company's Name Lee E. Tenzer Consulting Company LLC					
2. Principal Office Address 81 Seagate Drive Suite, Apt. #, etc. #1903 City & State Naples, Florida Zip 34103		3. Mailing Office Address 81 Seagate Drive Suite, Apt. #, etc. #1903 City & State Naples, Florida Zip 34103		4. State/Country of Formation Florida/USA 5. Date Organized or Qualified To Do Business in Florida May 16, 2002 6. FE Number 03-0458669 Applied For Not Applicable	
Country USA		Country USA		7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Annual Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent Name Fowler White Boggs Banker P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd. Suite, Apt. #, Etc. Suite 600 City Naples			State FL	Zip Code 34108
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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 Jeanne Seinfeld for Fowler White Boggs Banker Date 9-15-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lee E. Tenzer	81 Seagate Drive	Naples, Florida 34103

REINSTATEMENT 2003-04

11. I certify that I am managing member/manager or a 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 608.408, 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 Lee E. Tenzer Date 9/14/04 Daytime Phone # 239-598-1221

Typed or printed name of signing Managing Member/Manager _____