

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 DEC 24 AM 8:13

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012054

1. Limited Liability Company's Name

THE FLORIDA CONSULTING GROUP, LLC

000025758350  
12/24/03--01049--019 \*\*150.00

2. Principal Office Address

710 South 7th St.

Suite, Apt. #, etc.

3. Mailing Office Address

10 South 7th St.

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. State/Country of Formation

FLORIDA / NASSAU

5. Date Organized or Qualified  
To Do Business in Florida

05-17-02

6. FEI Number

03-0443187

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

RUSSELL RIDLEY, Ph.D

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

4602 CARLTON DUNES DR

Suite, Apt. #, Etc.

UNIT 5

City

AMERICA ISLAND

State  
FL

Zip Code

32034

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 09-30-03

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
Dr	RUSSELL RIDLEY (MGRM)	4602 CARLTON DUNES UNIT 5	AMERICA ISLAND, FL 32034
Mrs	JAN SCHUMACHER RIDLEY (MGRM)	4602 CARLTON DUNES UNIT 5	AMERICA ISLAND, FL 32034

REINSTATEMENT 2003

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 09-30-03

Daytime Phone # 904-321-0202

Typed or printed name of signing Managing Member/Manager

RUSSELL RIDLEY

CR2E041 (10/02)