

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 29 PM 2:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016672

1. Limited Liability Company's Name

Advanced Technology Consulting Florida, LLC

2. Principal Office Address

17284 NW 60TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33015

Country

US

3. Mailing Office Address

17284 NW 60TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33015

Country

US

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

09/25/2002

6. FEI Number

04-3702590

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

Daniel Marcano

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

17284 NW 60TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date 03/24/2004

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	Daniel Marcano	17284 NW 60TH CT	MIAMI/FLORIDA/33015

REINSTATEMENT

2003-04-08

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09/11/03--90042--037 **550.00

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 03/24/2004

Daytime Phone # 305 300-4632

Typed or printed name of signing Managing Member/Manager