

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020837

1. Limited Liability Company's Name

M i m Consulting, LLC.

2. Principal Office Address

3304 W. Whitney

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32308

Country

Leon

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Steven P. Monk

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

3304 W. Whitney

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

10/25/2004

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	STEVEN P. MONK	3304 W. Whitney	Tallahassee, FL 32308
			100042193811 10/25/04--01082--009 **100.00
			03-04
		REINSTATEMENT	
			JR

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

10/25/2004

Daytime Phone #

850-251-6107

Typed or printed name of signing Managing Member/Manager

To: Dept. of State, Florida

Re: 2003 Annual Report for

Date: 10/25/2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Steve P. Moul as the managing member of MEM Consulting, LLC, did not receive and therefore did not file the 2003 Annual Report for the company.

Steve P. Moul