

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG -3 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028316

1. Limited Liability Company's Name

**BURGER & COMPANY CONSULTING, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>107 WOODWARD</b>		3. Mailing Office Address <b>107 WOODWARD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DESTIN, FL</b>		City & State <b>DESTIN, FL</b>	
Zip <b>32541</b>	Country <b>U.S.A.</b>	Zip <b>32541</b>	Country <b>U.S.A.</b>

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>OCTOBER 24, 2002</b>	
6. FEI Number <b>NONE</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <b>M. TODD BURKE, ESQ.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>215 GRAND BOULEVARD</b>		
Suite, Apt. #, Etc. <b>SUITE 101</b>		
City <b>DESTIN</b>	State <b>FL</b>	Zip Code <b>32550</b>

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.  
**300107551729**  
**08/08/07--01047--018 \*\*25.00**

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 **7/10/2007**

**10. Names and Street Addresses of Managing Members/Managers**

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>mgrm</b>	<b>FREDERICK WILLIAM BURGER</b>	<b>107 WOODWARD</b>	<b>DESTIN, FL 32541</b>
			<b>300107551729</b> <b>08/08/07--01047--018 **300.00</b>
			<b>300107551729</b> <b>08/08/07--01047--018 **25.00</b>
			<b>REINSTATEMENT</b> <b>03-07</b>

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 **7/10/07**

Daytime Phone # **850-654-8833**

Typed or printed name of signing Managing Member/Manager

**FREDERICK WILLIAM BURGER**