

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 18 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034119

1. Limited Liability Company's Name

NATIONAL CONSUMER SOLUTIONS

2. Principal Office Address

1739 NW 38 AV.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

Zip

33311

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida 11/25/02

6. FEI Number

02-0652051

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

ALEXSANDRO F. OLIVEIRA

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

2923 SW 11 PLACE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

Alex Oliveira

Date 03/15/09

REGISTERED AGENT MUST SIGN

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
<u>MGR</u>	<u>ALEXSANDRO F. OLIVEIRA</u>	<u>2923 SW 11 PLACE</u>	<u>DEERFIELD, FL 33442</u>

REINSTATEMENT

03-04

800027585248

1/26/04 01031-019

\$ 200.00

OK

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

Alex Oliveira

Date 03/15/09

Daytime Phone # 954-731-4503

Typed or printed name of signing Managing Member/Manager

CR2041 (10/02)