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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000034850
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:38

1. DOCUMENT # L02000034850

Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0011948 01 AT 0.292 **AUTO T4 0 0615 33414-617511



COACHING SOLUTIONS, LLC
 10811 OAK BEND WAY
 WELLINGTON FL 33414-6175



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/26/2002	
Principal Place of Business 10811 OAK BEND WAY WELLINGTON FL 33414	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-3830623	Applied For Not Applicable
		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 ROSSI, JON I 10811 OAK BEND WAY WELLINGTON FL 33414	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700024422947 11/04/03--01066--024 **150.00 City FL Zip Code
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10. 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 70 SIGNATURE REQUIRED Date 10/22/03
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
(MGR) PRESIDENT	JON I. ROSSI	10811 OAK BEND WAY	WELLINGTON, FL 33414

12. 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 REQUIRED Date 10/22/03 Daytime Phone # 561 753 4572
 Typed or printed name of signing Managing Member/Manager JON I. ROSSI

CR2E084 (7/03)