

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED

2016 OCT 11 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000034889

Limited Liability Company's Name

FAM Consulting, LLC

1. Principal Office Address - No P.O. Box #

1010 South Ocean Blvd

Suite, Apt. #, etc.

#1007

City & State

Pompano Beach FL

Zip

33062

Country

Broward

3. Mailing Office Address

1010 South Ocean Blvd.

Suite, Apt. #, etc.

#1007

City & State

Pompano Beach FL

Zip

33062

Country

Broward

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/16/2002

6. FEI Number

30-0136228

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

Ferdinand Monteleone

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

1010 South Ocean Blvd

Apt. #, Etc.

#1007

City

Pompano Beach

State

FL

Zip Code

33062

300291127913  
10/11/16--01030--011 \*\*2042.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

X + Ferdinand Monteleone

REGISTERED AGENT MUST SIGN

Date X 10/3/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>GR</u>	<u>Ferdinand Monteleone</u>	<u>1010 South Ocean Blvd #1007</u>	<u>Pompano Beach FL 33062</u>

11. E-mail Address:

(To be used for future annual report notifications)

I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 05.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member

Ferdinand Monteleone

Date

Daytime Phone #

X 10/3/16