PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # L03000001760

1. Limited Liability Company's Name

ANIMUS CONSULTING GROUP, LLC

2. Principal Office Address		3. Mailing Office Address	
2600 Douglas Road		2600 Douglas Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 506		Suite 506	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 01/15/03

6. FEI Number: 510478816 ☐ 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: Damaris Valero

Street Address (P.O. Box Number is Not Acceptable): 2600 Douglas Road

Suite, Apt. #, Etc.: Suite 506

City: Coral Gables | State: FL | Zip Code: 33134

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: Damaris Valero Date: _____

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	Damaris Valero	2600 Douglas Rd., Ste. 506	Coral Gables, FL 33134
MGR	Harry Neuhaus	2600 Douglas Rd., Ste. 506	Coral Gables, FL 33134
		REINSTATEMENT 2004	

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: Damaris Valero Date: 12/10/04 Daytime Phone#: 305-443-1773

Typed or printed name of signing Managing Member/Manager: Damaris Valero