PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000003211

1. Limited Liability Company's Name
Teresa Lewandowski Consulting, LLC

300255890343
02/07/14--01002--013 **150.00

ORDER# (12/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2805 SE 10th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral	City & State: FL
Zip / County	Zip: 33904 / County

4. State/Country of Formation: Florida / Lee County

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 710934904 ☐ 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: Teresa M. Lewandowski

Street Address: P.O. Box Number is Not Acceptable: 2805 SE 10th Ave

Suite, Apt. #, Etc.:

City: Cape Coral | State: FL | Zip Code: 33904

E-mail Address:
W14-4685
TMLC02@earthlink.net
(To be used for future annual report notices)

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 _____ Date 1/16/2014
REGISTERED AGENT MUST SIGN

10. Names and Address of Each Person Authorized to manage the Limited Liability Company:

Title (MGR/AMBR)	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Teresa M Lewandowski	2805 SE 10th Ave	Cape Coral, FL 33904

REINSTATEMENT
2012 / 13

300255890343
01/22/14--01021--004 **377.50

FILED
2014 FEB -6 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. I certify that I am an authorized person 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 requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information stated 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 Person Teresa M Lewandowski Date 1/15/2014 Daytime Phone 585-820-8886

Typed or printed name of signing Authorized Person: Teresa M Lewandowski

S. HAWKES
EXAMINER

S. HAWKES
FEB - 5 A.M.
EXAMINER

p.2 239-313-6531 SWFL CARSI Jan 27 14 01:21p