


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -6 AM 10: 08

DOCUMENT # L03000016725	
1. Entity Name POWERLINE CONSULTING LLC	

Principal Place of Business 4335 FREEDOM CROSSING TRAIL 2407 JACKSONVILLE, FL 32256 US	Mailing Address 4335 FREEDOM CROSSING TRAIL 2407 JACKSONVILLE, FL 32256 US
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2. Principal Place of Business 11037 Ashford Gable PL Suite, Apt. #, etc.	3. Mailing Address 11037 Ashford Gable PL Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32257	Country DUVAL

06022005 REIN-LLC CR2E101 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STASZEWSKI, MARK D 4335 FREEDOM CROSSING TRAIL 2407 JACKSONVILLE, FL 32256	
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7. Name and Address of New Registered Agent	
Name MARK D STASZEWSKI	
Street Address (P.O. Box Number is Not Acceptable) 11037 ASHFORD GABLE PLACE	
City JACKSONVILLE	FL Zip Code 32257

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MD Staszewski DATE 6-4-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STASZEWSKI, MARK D 4335 FREEDOM CROSSING TRAIL, 2407 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CIO Chief Information Officer</u> ROBIN TRACY 11037 ASHFORD GABLE PLACE JACKSONVILLE FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MD Staszewski DATE 6-4-05 704-458-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE