

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L03000035905**

1. Limited Liability Company's Name

**Mathematics Consultants, LLC**  
**1600 Cove II Place Unit 410**  
**Sarasota, FL 34242**

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

**1600 Cove II Place**

Suite, Apt. #, etc.

**Unit 410**

City & State

**Sarasota, FL**

Zip

**34242**

Country

**USA**

3. Mailing Office Address

**187 Mill River Rd**

Suite, Apt. #, etc.

City & State

**Chappagua, NY**

Zip

**10514**

Country

**USA**

4. State/Country of Formation

**FL, USA**

5. Date Organized or Qualified To Do Business in Florida

**9/22/03**

6. FEI Number

**20-0239874**

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

**Eleanore Livesey**

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

**1600 Cove II Place**

Suite, Apt. #, Etc.

**Unit 410**

City

**Sarasota**

State

**FL**

Zip Code

**34242**

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

**Eleanore Livesey**

REGISTERED AGENT MUST SIGN

Date

**4/3/07**

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
Managing Member	Eleanore Livesey	1600 Cove II Place Unit 410	Sarasota, FL 34242
			04/17/07--01035--014 **150.00
			REINSTATEMENT 05-07

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

**Eleanore Livesey**

Date

**4/3/07**

Daytime Phone #

**914-262-0160**

Typed or printed name of signing Member/Manager