

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 20 AM 10:34

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000038759

1. Limited Liability Company's Name

Encore Consulting, LLC

2. Principal Office Address

707 E Concord Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

U.S.A.

3. Mailing Office Address

707 E Concord Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified To Do Business in Florida

10/10/2003

6. FEI Number

010800486

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

JILL M. BENOUAICH

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

707 E Concord Street

Suite, Apt. #, Etc.

City

Orlando, FL

State

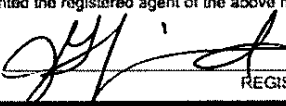
FL

Zip Code

32803

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



REGISTERED AGENT MUST SIGN

Date

9/22/06

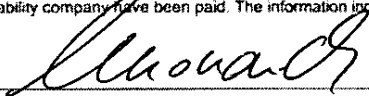
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVID BENOUAICH	707 E Concord Street	Orlando, FL, 32803
MGRM	JILL M. BENOUAICH	707 E Concord Street	Orlando, FL, 32803

REINSTATEMENT 05-06

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



Date

9/22/06

Daytime Phone #

407.595.2599

Typed or printed name of signing Managing Member/Manager **DAVID BENOUAICH**