PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 23 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000000452

1. Limited Liability Company's Name
NEUHAUS CONSULTING, LLC

200171393102
03/08/10--01004--011 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
371A UNION STREET	371A UNION STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKLYN, NY	City & State: BROOKLYN, NY
Zip: 11231 Country: USA	Zip: 11231 Country: USA

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 2006

6. FEI Number: 20 079 8028 ☐ 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: Stolzenberg Gelles, LLP

Street Address (P.O. Box Number is Not Acceptable): 1401 Brickell Avenue

Suite, Apt. #, Etc.: SUITE 825

City: MIAMI State: FL Zip Code: 33131

☐ 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.

200171393102
03/23/10--01011--025 **138.75

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 _____ Date 2/22/2010

REGISTERED AGENT MUST SIGN

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	Harry Neuhaus	371A Union Street	Brooklyn, NY 11231
	REINSTATEMENT 07-10		

11. E-mail Address: neuhaush@yahoo.com
(To be used for future annual report notifications)

12. 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 2/22/2010 Daytime Phone # 305-753-2140

Typed or printed name of signing Managing Member/Manager HARRY NEUHAUS

N. [illegible] MAR 24 2010