

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 19 PM 1:43

CR2E041 (10/08)

DOCUMENT # L04000022855

1. Limited Liability Company's Name

Fiscal Strategies, LLC

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

14525 SW Millikan Way

Suite, Apt. #, etc.

Suite #11220

City & State

Beaverton, OR

Zip

97005-2343

Country

USA

3. Mailing Office Address

14525 SW Millikan Way

Suite, Apt. #, etc.

Suite #11220

City & State

Beaverton, OR

Zip

97005-2343

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida **3/24/2004**

6. FEI Number

20-0910308

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

Yvonne Harlan

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

8687 Commodity Circle, #328

Suite, Apt. #, Etc.

USA

City

Orlando

State

FL

Zip Code

32819

☒ 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

Yvonne Harlan

REGISTERED AGENT MUST SIGN

Date **14 Nov 08**

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	Yvonne Harlan	8687 Commodity Circle, #328	Orlando / FL / 32819

30113799593
11/17/08--01050--003 **277.50

REINSTATEMENT 2007-08

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

Yvonne Harlan

Date **11/14/08**

Daytime Phone # **561-644-8581**

Typed or printed name of signing Managing Member/Manager

YVONNE HARLAN