L04000039787

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LIMITED LIABILITY REINSTATEMENT

INSTITUTIONAL TRANSITION SOLUTIONS, LLC

Certificate of Status	1
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000039787

1. Limited Liability Company's Name
INSTITUTIONAL TRANSITION SOLUTIONS, LLC

2. Principal Office Address	3. Mailing Office Address
8657 TARA OAKS COURT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32836 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/25/2004

6. FEI Number: NONE ☐ 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: DAVID BONOMO

Street Address (P.O. Box Number is Not Acceptable): 8657 TARA OAKS COURT

Suite, Apt. #, Etc.

City: ORLANDO State: FL Zip Code: 32836

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 11/08/2005

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
MGR	DAVID BONOMO	8657 TARA OAKS COURT	ORLANDO FL 32836

REINSTATEMENT 2005-06

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 11/08/2005 Daytime Phone # 908 337 9157

Typed or printed name of signing Managing Member/Manager DAVID BONOMO