

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 19 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000007789

1. Limited Liability Company's Name

PULSE SERVICE SOLUTIONS LLC

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

4377 NW 88 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

4630 N UNIVERSITY DR

Suite, Apt. #, etc.

SUITE 429

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33065

Country

USA

Zip

33067

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida **01/25/25**

6. FEI Number

134197352

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

DEVON A HINES

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

4630 N UNIVERSITY DR

Suite, Apt. #, Etc.

SUITE 429

City

CORAL SPRINGS

State

FL

Zip Code

33067

☒ 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

Date

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	DEVON A HINES	4377 NW 88 TER	CORAL SPRINGS/FL/33065
MGRM	ANN MARIE BUCKNOR	4377 NW 88 TER	CORAL SPRINGS/FL/33065

400138098314
11/19/08--01034--014 **282.50

REINSTATEMENT 07.08

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

Date **11-13-2008**

Daytime Phone # **954-323-8355**

Typed or printed name of signing Managing Member/Manager **DEVON A HINES**