

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000079748

1. Limited Liability Company's Name

Mann Consulting & Services, LLC

2. Principal Office Address - No P.O. Box #
7300 Westpointe Blvd

Suite, Apt. #, etc.
727

City & State
Orlando, Florida

Zip
32835

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **08/12/2005**

6. FEI Number
84-1707855

☒ 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
Teresa E Mann

Street Address (P.O. Box Number is Not Acceptable)
7300 Westpointe Blvd

Suite, Apt. #, Etc.
727

City
Orlando

State
FL

Zip Code
32835

☐ 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

Teresa Mann

REGISTERED AGENT MUST SIGN

Date **October 8, 2007**

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	Teresa E. Mann	7300 Westpointe Blvd #727	Orlando FL 32835

REINSTATEMENT

2006-2007

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

Teresa Mann

Date **October 8, 2007**

Daytime Phone # **321-356-9460**

Typed or printed name of signing Managing Member/Manager **Teresa E Mann**

FILED

07 NOV -6 PM 12:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/07)

**50011194805
10/23/07--01014--023 **200.00**