


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400163736454
12/17/09--01002--014 **238.75

CR2E041 (11/09)

DOCUMENT # LD5000079748

1. Limited Liability Company's Name
Mann Consulting & Services, LLC
1009-54852-08

2. Principal Office Address - No P.O. Box #
14207 Bella Ln

Suite, Apt. #, etc.
—

City & State
Orlando FL

Zip
32832

Country
USA

3. Mailing Office Address
—

Suite, Apt. #, etc.
—

City & State
32832

Zip
—

Country
—

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
—

6. FEI Number
041707855

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 Mann-Guino

Street Address (P.O. Box Number is Not Acceptable)
14207 Bella Lane

Suite, Apt. #, Etc.
—

City
Orlando

State
FL

Zip Code
32832

☒ 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.
change b address

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-Guino

REGISTERED AGENT MUST SIGN

Date
12/07/09

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
<u>MGR</u>	<u>Teresa Mann</u>	<u>14207 Bella Ln.</u>	<u>Orlando FL 32832</u>

REINSTATEMENT 2008-2009
Without Penalty up to 12/31/09

11. E-mail Address: teresamann@yahoo.com teresaguino@gmail.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
Teresa Mann-Guino

Date
12/07/09

Daytime Phone #
321.356.9460

Typed or printed name of signing Managing Member/Manager
TERESA E. MANN