

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 FEB 14 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000092865

1. Limited Liability Company's Name

FACTUM CONSULTING GROUP, LLC

200221769762
02/13/12--01059--003 **655.00
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 22523 ESPLANADA CIR W		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33433	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09/21/2055	
6. FEI Number 20-3515187	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name DELFIN E. PAEZ			
Street Address (P.O. Box Number is Not Acceptable) 22523 ESPLANADA CIR W.			
Suite, Apt. #, Etc.			
City BOCA RATON	State FL	Zip Code 33433	

E-mail Address:

PAEZREAL@HOTMAIL.COM
(To be used for future annual report notices)

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 2/9/12

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
MANAGER	DELFIN E. PAEZ	22523 ESPLANADA CIR W	BOCA RATON FL 33433
		J. SAULSBERRY EXAMINER	
		FEB 15 2012	

REINSTATEMENT
2009-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 2/9/12

Daytime Phone # 561-3064953

Typed or printed name of signing Managing Member/Manager