

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205000109230

1. Limited Liability Company's Name

Solutions Event & Promotions Marketing, LLC

2. Principal Office Address - No P.O. Box #
15 Rohde Avenue

Suite, Apt. #, etc.

City & State
St. Augustine, Florida

Zip
32084

Country
USA

3. Mailing Office Address
15 Rohde Avenue

Suite, Apt. #, etc.

City & State
St. Augustine, Florida

Zip
32084

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 11/10/2005

6. FEI Number
203761423

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
Melissa Green

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

Suite, Apt. #, Etc.

City
St. Augustine, Florida

State
FL

Zip Code
32084

☐ 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

Melissa Green

REGISTERED AGENT MUST SIGN

Date 9/27/2007

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	Melissa Green	15 Rohde Avenue	St. Augustine, Florida 32084

REINSTATEMENT

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10/02/07--01023--017 **200.00

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

Melissa Green

Date 9/27/07

Daytime Phone # 904-315-2737

Typed or printed name of signing Managing Member/Manager Melissa Green