

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 FEB 24 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000113108**

1. Limited Liability Company's Name

STM Consulting and Management Services, Inc.

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 76 South Laura Street		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc. Suite 2200		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State	
Zip 32202	Country USA	Zip	Country

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 1/23/2005	
<b>6. FEI Number</b> 20-3840847	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>			
Name Kenneth Walker			
Street Address (P.O. Box Number is Not Acceptable) 76 South Laura Street			
Suite, Apt. #, Etc. Suite 2200			
City Jacksonville	State FL	Zip Code 32202	

☒ 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

*K Walker*  
REGISTERED AGENT MUST SIGN

Date 2/17/2009

**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
MEM	Kera Campbell	10075 Gate Parkway North #407	Jacksonville Florida 32247
			800144174408 02/23/09--01010--029 **560.00

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

*Kera Campbell*

Date 2/17/09

Daytime Phone #

904-359-8900

Typed or printed name of signing Managing Member/Manager