

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 JUN -2 AM 10:18

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

DOCUMENT # L06000030547

1. Limited Liability Company's Name

FLORIDA EMPLOYER CONSULTING, LLC

400270751224  
06/02/15--01026--022 \*\*138.75  
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
**362 POINCIANA DRIVE**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

Zip

**33301**

Country

Zip

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business In Florida

03/22/2008

6. FEI Number

☐ 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

**JACK BEVAN**

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

**362 POINCIANA DRIVE**

Suite, Apt. #, Etc.

City

**FT. LAUDERDALE**

State

**FL**

Zip Code

**33301**

W15-19231

400270751224  
03/17/15--01036--008 \*\*77.50

400270751224  
03/17/15--01036--007 \*\*300.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature of Jack Bevan]*  
REGISTERED AGENT MUST SIGN

Date 3/11/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	JACK BEVAN	362 POINCIANA DRIVE	FT. LAUDERDALE, FL 33301
<b>REINSTATEMENT</b>			
<u>2013-2015</u>			
<u>over 5/16/25</u>			
<b>S. HAWKES</b>			
<b>EXAMINER</b>			

11. E-mail Address: GoldenRiverGuy@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*[Signature of Jack Bevan]*

Date

3/11/15

Daytime Phone #

772-341-6535

Typed or printed name of signing Authorized Representative/Manager

**JACK BEVAN**