PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 APR 30 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/13/09--01014--009 **402.50

CR2E041 (10/08)

DOCUMENT # L06000062502

1. Limited Liability Company's Name

Cheyenne Consultants, LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
101 N. Fig Tree Lane	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation FL	City & State
Zip: 33317 Country: USA	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06-19-06

6. FEI Number: 77-0663665 ☐ 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: Susan Howells

Street Address (P.O. Box Number is Not Acceptable): 101 N. Fig Tree Lane

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33317

☐ 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: Susan Howells Date: 4.6.2009
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
MGR	Susan Howells	101 N. Fig Tree Lane	Plantation FL 33317

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REINSTATEMENT 07-8

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: Susan Howells Date: 4.6.2009 Daytime Phone #: 954-327-1372

Typed or printed name of signing Managing Member/Manager: SUSAN HOWELLS