

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L-07000051067

1. Limited Liability Company's Name

Supreme Consulting Services, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2650 NE 68 way

Suite, Apt. #, etc.

3. Mailing Office Address

2650 NE 68 way

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33313

Country

USA

City & State

Ft Lauderdale FL

Zip

33313

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

5/14/07

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

Jeremi Bryan Jennings

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

2650 NE 68 way

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33313

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/29/09

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
<u>MEM</u>	<u>J Blayne Jennings</u>	<u>2650 NE 68 way</u>	<u>Ft Lauderdale FL 33313</u>
<u>MEM</u>	<u>William Douglas</u>	<u>2650 NE 68 way</u>	<u>Ft Lauderdale FL 33313</u>
<u>MEM</u>	<u>Phil Fowler</u>	<u>2650 NE 68 way</u>	<u>Ft Lauderdale FL 33313</u>

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REINSTATEMENT 2008-09

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

[Signature]
Typed or printed name of signing Managing Member/Manager Jeremi Jennings

Date 1/29/09

Daytime Phone # 301 343 4745