

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 27 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600174853056
04/07/10--01026--003 **282.50

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

Acumentality, LLC
(C07000056978)

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

1811 Riverview Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1811 Riverview Drive

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32901

Country

USA

City & State

Melbourne, FL

Zip

32901

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/25/2007

6. FEI Number

260268764

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

Jennifer Ferguson

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

1601 Riverview Drive

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

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

Jennifer Ferguson
REGISTERED AGENT MUST SIGN

Date

4/6/2010

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
Dr.	MGRM Jennifer Ferguson	1601 Riverview Drive	Melbourne, FL

600174853056
04/26/10--01005--011 **133.75

REINSTATEMENT 08-10

11. E-mail Address: jferg02@hotmail.com

(To be used for future annual report notifications)

12. 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

Jennifer Ferguson

Date

4/6/2010

Daytime Phone #

3215001008

Typed or printed name of signing Managing Member/Manager

Jennifer Ferguson