

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 14 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400158271124
07/08/09--01037--005 **282.50

CR2E041 (10/08)

DOCUMENT # L07000100191

1. Limited Liability Company's Name

Carlin Consulting LLC

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

4421 West Cleveland Street

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

33609

Country

USA

3. Mailing Office Address

4421 West Cleveland Street

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

33609

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified

To Do Business in Florida 10/1/2007

6. FEI Number

51-0648016

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

Lynn Bryan

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

4421 West Cleveland Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

☒ 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

Lynn Bryan

Lynn Bryan

Date 7/5/09

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
MGRM	Lynn Bryan	4421 West Cleveland Street	Tampa Florida 33609

REINSTATEMENT 08/09

DB

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

Lynn Bryan

Lynn Bryan

Date 7/5/09

Daytime Phone # 1 813 240 6305

Typed or printed name of signing Managing Member/Manager

Lynn Bryan