

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 15 AM 11:32

DOCUMENT # L07000123678

1. Limited Liability Company's Name

PLEXUS CONSULTANTS, LLC

000140831170
01/15/09--01023--014 **282.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 18503 Pines Boulevard		3. Mailing Office Address 18503 Pines Boulevard	
Suite, Apt. #, etc. Suite 314		Suite, Apt. #, etc. Suite 314	
City & State Pembroke Pines, Florida		City & State Pembroke Pines, Florida	
Zip 33029	Country Broward	Zip 33029	Country Broward

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 12/12/2007

6. FEI Number
41-2261940

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 Carlos Mendez		
Street Address (P.O. Box Number is Not Acceptable) 18503 Pines Boulevard		
Suite, Apt. #, Etc. Suite 314		
City Pembroke Pines	State FL	Zip Code 33029

☒ 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

Carlos Mendez
REGISTERED AGENT MUST SIGN

Date January 11, 2009

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	Mendez, Carlos	2599 S.W. 155 Terrace4	Davie, Florida 33324
MGRM	PLEXUS COSULTORIA,S.A. DE C.V.	#1600, SALON E	MEXICO, D.F.,

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

Carlos Mendez

Date 01/11/09

Daytime Phone# (305) 213-0167

Typed or printed name of signing Managing Member/Manager Carlos Mendez