2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000012999

Address:

City-St-Zip:

23 VIA DE CASAS SUR, #101

BOYNTON BEACH, FL 33426

Entity Name: FAECONSULTING PLLC

FILED Dec 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1640 NW 2ND AVENUE BOCA RATON, FL 33432 PR **Current Mailing Address: New Mailing Address:** 1640 NW 2ND AVENUE BOCA RATON, FL 33432 PB FEI Number: 41-2267606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANSING, MICHAEL N 2402 NW 31 ST. BOCA RATON, FL 33431 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MICHAEL N. LANSING Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LANSING, MICHAEL J Name: Name: Address: 2399 NW 29TH ROAD Address: City-St-Zip: BOCA RATON, FL 33431 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TUSSLER, HAROLD R Name: Address: 6481 NW 14TH COURT Address: City-St-Zip: MARGATE, FL 33063 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition LANSING, MICHAEL N Name: Name: Address: 2402 NW 31 ST Address: City-St-Zip: BOCA RATON, FL 33431 PB City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: IAFRATE, URSULA P Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: URSULA P. IAFRATE MGR 12/02/2009