

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG 21 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08000098802**

1. Limited Liability Company's Name

Florida Strategic Consultants, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
390 North Orange Avenue

3. Mailing Office Address
390 North Orange Avenue

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400

4. State/Country of Formation
Florida

City & State
Orlando, FL

City & State
Orlando, FL

5. Date Organized or Qualified
To Do Business in Florida **10.20.2008**

Zip Country
32801 USA

Zip Country
32801 USA

6. FEI Number Applied For
N/A ☒ 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
B&C Corporate Services of Central Florida, Inc.

Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Avenue

Suite, Apt. #, Etc.
Suite 1400

City State Zip Code
Orlando FL 32801

E-mail Address:

200250932022
08/22/13--01001--002 **377.50

registeredagent@broadandcassel.com

(To be used for future annual report notices)

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 **Janice C. Myers, as V.P.** Date **8/20/13**
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
P	Tammy J. Buchan	390 North Orange Avenue, Suite 1400	Orlando, FL 32801
VP	Connie M. Smekens	390 North Orange Avenue, Suite 1400	Orlando, FL 32801

REINSTATEMENT

12-13

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager **Tammy J. Buchan** Date **8/20/13** Daytime Phone # **407-839-4200**

Typed or printed name of signing Managing Member/Manager