•	PLEASE REAL	O ALL INST	rructi	ONS BEFORE	COMPLET	INGŢĦĮS FORM	•
LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					15 APR 20 PM 1:47		
1. Limited Li	MENT # LOGO(ability Company's Name KALLET CONSULTING	0 <i>002</i> \$ g llc	49 1			or and the second	BA.
•	Office Address - No P.O. Box#	3. Mailing Off			1	CR2E041 (1/14)	
	LUE HERON WAY	7141 Blue Heron way			4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Ftonda		
Suite, Apt. #, :	etc.	Suite, Apt. #, etc.					
City & State		City & State Lest Palm Beach, FL			3/23/2009 6. FEI Number Applied For		
Zip	PALM BEACH, FL	Zip Zip	alm B	Country	27032690		Not Applicable
33412	US	33412	-	U5			Additional Fee required or a Certificate of Status
Name	8. Name and Address	of Current Regis	stered Agent	t	-		
MITCHEL E. KALLET					800269927038 04/20/1501047003 **138.75		
Street Address (P.O. Box Number is Not Acceptable) 7108 FAIRWAY DRIVE							
Suite, Apt. #, Etc. SUITE 310					02/24/1501028002 **655.00		
City PALM BE	EACH GARDENS		ate Zip Code L 33418	- Wishalan			
9. I, being	appointed the registered agent of the a	bove named limite	ed tiability con	npany, am familiar with an	nd accept the obliga	tions of Chapter 605, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN						Date 2/18/1	5
10. Name	es and Street Addresses of Authorized F			SIGN		, ,	
Titles	Name of Authorized Representatives/ Managers			Street Address of Eac Authorized Representa Manager		City / State / Zip	
MGRM	SAL FASO	7741 BLUE HERON WAY			WEST PALM BEA	ACH, FL 33412	
MGRM	JUDY KALL	7949 CRANE'S POINTE WAY			WEST PALM BE	ACH, FL 33412	
					S.	HAWKES	
	REINSTATEMENT				:	FEB 2 5 A.M.	
	2011-2	015		19375	E	KAMINER	
11, E-mail A	ddress: JUDYKALLET@A	OL.COM			<u> </u>		
12, I certify	that I am an authorized representative/	manager or the re	ceiver or trus	or future annual report notifical stee empowered to execut	te this application as	s provided for in Chapter 608	, F.S. I further certify that
that all fees	his reinstatement application the reasor owed by the limited liability company ha inder oath. I am aware that false informa	ave been paid. The	e information	indicated on this application	on is true and accur	rate, and my signature shall h	nave the same legal effect

Date 2/18/2015

Signature of

Typed or printed name of signing Authorized Representative/Manager



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2015

FASO & KALLET CONSULTING LLC 7741 BLUE HERON WAY WEST PALM BEACH, FL 33412

SUBJECT: FASO & KALLET CONSULTING LLC

Ref. Number: W15000013499

We have received your document for FASO & KALLET CONSULTING LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$138.75 filing fee for current year. Therefore, the total amount due to reinstatement the limited liability company at this time is \$793.75.

Please include an additional \$5.00 for each certificate of status requested (optional).

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 015A00003910