L09000033735

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -4 PM 2:49

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

100187457691

CR2E041 (05/10)

DOCUMENT # L09000033735

1. Limited Liability Company's Name

JETPOINT CONSULTING, LLC (10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
111 E WASHINGTON ST		111 E WASHINGTON ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2414		2414	
City & State		City & State	
ORLANDO, FL		ORLANDO, FL	
Zip	Country	Zip	Country
32801	USA	32801	USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/07/2009

6. FEI Number: 26-4718218 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST.

Suite, Apt. #, Etc:

City	State	Zip Code
TALLAHASSEE	FL	32301

BK

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 _____ Date _____

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	BRIAN R. HOLECKO	111 E WASHINGTON ST UNIT 2414	ORLANDO, FL 32801

REINSTATEMENT 2010

11. E-mail Address: info@jetpointconsulting.com
(To be used for future annual report notifications)

12. 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 _____ Date 11/2/10 Daytime Phone # 571-527-8269

Typed or printed name of signing Managing Member/Manager BRIAN R. HOLECKO

CORPORATION SERVICE COMPANY®

L09000033735

ACCOUNT NO. : I20000000195

REFERENCE : 564916 7700104

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : November 3, 2010

ORDER TIME : 1:01 PM

ORDER NO. : 564916-010

CUSTOMER NO: 7700104

DOMESTIC FILINGS

RECEIVED
10 NOV -4 PM 1:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: JETPOINT CONSULTING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2938

EXAMINER'S INITIALS _____

FILED
10 NOV -4 PM 2:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS