

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 109000113163

1. Limited Liability Company's Name

Lead Expert Generator LLC

2. Principal Office Address - No P.O. Box #

1021 NE 24th AVE

Suite, Apt. #, etc.

Unit 29

City & State

Pompano Beach, FL

Zip

33062

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

11/24/09

6. FEI Number

30-0590921

☒ 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

Raymond Odum

Street Address (P.O. Box Number is Not Acceptable)

1021 NE 24th AVE

Suite, Apt. #, Etc.

Unit 29

City

Pompano Beach

State

FL

Zip Code

33062

E-mail Address:

900255307439

01/06/14--01032--007 **665.00

Raymond.Odum@gmail.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 605, F.S.

Signature of

Registered Agent

Raymond Odum

Date 11/1/14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Tennille Daguiar	1021 NE 24 th AVE pompano beach	FL, 33062 unit 29

REINSTATEMENT

DEC 31 2013

R. HUNT

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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

Authorized Person

Raymond Odum

Date 11/1/14

Daytime Phone # 954-461-1232

Typed or printed name of signing Authorized Person