## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 2012 8UL 19 80 60 NB DOCUMENT # L10000047487 1. Limited Liability Company's Name Southern Cross Consulting, LLC CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 164 Fernwood Crescent 4. State/Country of Formation Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified
To Do Business in Florida May 4, 2010 City & State City & State FEI Number Applied For Royal Paim Beach, FL 26-1854415 Not Applicable Country Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 33411 USA for a Certificate of Status Name and Address of Current Registered Agent 8 E-mail Address: Salvatore L. Sgroi Jr. Street Address (P.O. Box Number is Not Acceptable) 164 Fernwood Crescent Suite, Apt. #, Etc. southerncross.sal@gmail.com Zip Code (To be used for future annual report notices) Royal Palm Beach 33411 9. I, being appointed the registered agent of the above named limited flability compaty, an familiar with and accept the obligations of Chapter 608, F.S. Signature of 7 Jan 12 Registered Agent REGISTERED AGENT/MUST SIGN of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip, MYRM 1.64 FEENWOOLCRESCEN 800236272528 07/23/12--01001--017 \*\*138.75 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 Date 28 to Daytime Phone # 561-333-368 Member/Manager Typed or printed name of signifig Managing Member/Manager