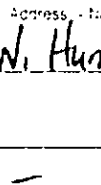


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2020 JAN 7 PM 3:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA																												
DOCUMENT # L100000077613 1 Limited Liability Company's Name BAC Consulting LLC																														
2 Principal Office Address - No P.O. Box # 3205 W. Hunter Ferrell Rd Suite - Apt. # etc 1 City & State Irving TEXAS Zip Country 75060		3 Mailing Office Address Suite - Apt. # etc City & State Zip Country																												
8 Name and Address of Current Registered Agent Name Craig Baker Street Address (P.O. Box Number is Not Acceptable) Suite 75057 Ravenwood P. Apt. # Etc City State Zip Code Yulee FL 32097		4 State/Country of Formation 5 Date Organized or Qualified To Do Business in Florida 6 FBI Number 86-1157591 ☐ Applied For ☒ Not Applicable 7 CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status 500388908365 01/08/20--01003--003 **500.00 500388908365 01/08/20--01003--004 **500.00 500388908365 01/08/20--01003--005 **210.00																												
9 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 Craig Baker Date 1/7/2020 REGISTERED AGENT MUST SIGN																														
10 Names and Street Addresses of Authorized Representatives/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Authorized Representative/Manager</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Craig Baker</td> <td>3205 W. Hunter Ferrell</td> <td>Irving TX 75060</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip	Manager	Craig Baker	3205 W. Hunter Ferrell	Irving TX 75060																				
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip																											
Manager	Craig Baker	3205 W. Hunter Ferrell	Irving TX 75060																											
11 E-mail Address Cbaker@bacconsulting.net (To be used for filing annual report notifications)																														
12 I certify that I am an authorized representative/manager or the receiver or trustee 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 requirement of section 605.002 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 representative/member Craig Baker Date 1/7/2020 Daytime Phone # 904-534-6665 Typed or printed name of signing authorized representative/member CRAIG BAKER																														