PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2020 JAN 7 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000077613

1 Limited Liability Company's Name
BAC Consulting LLC

2 Principal Office Address - No P.O. Box #
3205 W. Hunter Ferrell Rd

Suite #pt # etc
1

City & State
Irving TEXAS

Zip
75060

Country

3 Mailing Office Address

Suite #pt # etc

City & State

Zip

Country

CR2EC41 (07/14)

4 State/Country of Formation

5 Date Organized or Qualified To Do Business in Florida

6 FEI Number
86-1157591

☐ 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
Craig Baker

Street Address (P.O. Box Number is Not Acceptable) Suite
75057 Ravenswood Dr.

Apt # Etc

City
Yulee

State
FL

Zip Code
32097

500338908365
01/08/20--01003--003 **500.00
500338908365
01/08/20--01003--004 **500.00
500338908365
01/08/20--01003--005 **210.00

9 Having been appointed the registered agent of the above named limited liability company, I am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Craig Baker
REGISTERED AGENT MUST SIGN

Date 1/7/2020

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Craig Baker	3205 W. Hunter Ferrell	Irving TX 75060
			Y SULKER
			JAN 7 2020

11 E-mail Address: Cbaker@bacconsulting.Net
(To be used for future 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 605.0112, 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