

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000037938

1. Limited Liability Company's Name

PRIDE HEALTHCARE SALES consultants
LLC

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

908 NE 16th PLACE

3. Mailing Office Address

908 ~~LAKE~~ NE 16th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33305

Country

USA

Zip

33305

Country

USA

4. State/Country of Formation

~~BRADSHAW~~ COUNTY, FL 9/1/13

5. Date Organized or Qualified
To Do Business in Florida

3/19/12

6. FEI Number

45-4840586

☐ 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

WALTER R. WEISS

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

908 NE 16th PLACE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33305

E-mail Address:

800255166938
01/02/14--01012--008 **238.75

walterrweiss@aol.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

Walter R. Weiss

Date 12/31/13

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	WALTER R. WEISS	908 NE 16 th PL	FT. LAUDERDALE, FL 33305
	REINSTATEMENT		
	2013		
			S. HAWKES
			JAN - 3 A.M.
			EXAMINER

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

Walter R. Weiss

Date 12/31/13

Daytime Phone # (954) 547-6734

Typed or printed name of signing Authorized Person