
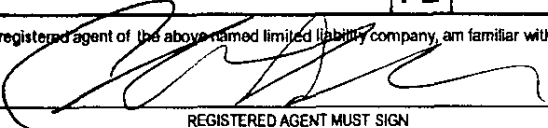
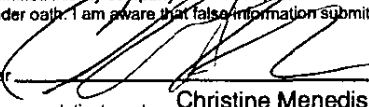


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|---|--|------------------------------|
| DOCUMENT # L13000050486 1. Limited Liability Company's Name Menedis Consulting, LLC | | | |
| 2. Principal Office Address - No P.O. Box # 6538 Collins Avenue Suite, Apt. #, etc. #313 City & State Miami Beach, FL Zip 33141 Country USA | | 3. Mailing Office Address 6538 Collins Avenue Suite, Apt. #, etc. #313 City & State Miami Beach, FL Zip 33141 Country USA | |
| 4. State/Country of Formation FL | | 5. Date Organized or Qualified To Do Business in Florida 4/5/13 | |
| 6. FEI Number 47-3723099 | | Applied For <input type="checkbox"/> Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | \$5.00 Additional Fee required for a certificate of status | |
| 8. Name and Address of Current Registered Agent Name Christine Menedis Street Address (P.O. Box Number is Not Acceptable) Suite, 6538 Collins Avenue Apt. #, Etc. #313 City Miami Beach State FL Zip Code 33141 | | | |
| 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  Date 10/26/15 REGISTERED AGENT MUST SIGN | | | |
| 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 |
| MGRM | Christine Menedis | 6799 Collins Avenue, Apt #S-605 | Miami Beach, FL 33141 |
| | | | S. HAWKES |
| | | | NOV 6 - A.M. |
| | | | EXAMINER |
| 11. E-mail Address: christine@menedis.com (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 605.0012, 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  Date 10/26/15 Daytime Phone # 305.775.9103 Typed or printed name of signing authorized representative/member Christine Menedis | | | |