


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

20 MAR 26 PM 4:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L16104839

1. Limited Liability Company's Name  
**F & M Consultants Office Group LLC**

100342696611  
 03/27/20--01018--004 \*\*238.75

2. Principal Office Address - No P.O. Box #  
 3641 NW 95th Terrace

3. Mailing Office Address  
 301 Border street

Suite, Apt. #, etc.  
 Unit # 1001

City & State  
 Sunrise Florida

City & State  
 Graham, North Carolina

Zip Country  
 33351 Broward

Zip Country  
 27253 Alamace

8. Name and Address of Current Registered Agent

Name  
 Sandra Joyner Enesi

Street Address (P.O. Box Number is Not Acceptable) Suite.  
 3641 NW 95th Terrace

Apt. # Etc.  
 Unit # 1001

City State Zip Code  
 Sunrise FL 33351

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a certificate of status

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 Sandra Joyner Enesi Date 3/23/2020

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
	Jesus Rafael Fernandez Bolivar	301 Border street	Graham, NC. 27253
	Claudette de Fernandez	301 Border street	Graham, NC. 27253
	Rafael Fernandez	812 Fix St,	Burlington, NC, 27215
	Nathalie Fernandez	4 Manor Hills Drive	Manorville, NY. 11949

11. E-mail Address: jfernandez2204@gmail.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 Jesus Rafael Fernandez Bolivar Date 03/23/2020 Daytime Phone # (336) 693-1905

Typed or printed name of signing authorized representative/member Jesus Rafael Fernandez Bolivar

OP

MAR 27 2020