


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L17000100064			
1. Limited Liability Company's Name New Perspective Consulting LLC			
2. Principal Office Address - No P.O. Box # 15055 Evergreen Oak Loop		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Garden, FL		City & State	
Zip 34787	Country USA	Zip	Country
4. State/Country of Formation CR2E041 (1/14)			
5. Date Organized or Qualified To Do Business in Florida 5/5/2017			
6. FEI Number 82-1053020			Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent			
Name Nicole Ross			
Street Address (P.O. Box Number is Not Acceptable) Suite 15055 Evergreen Oak Loop			
Apt. #, Etc.			
City Winter Garden		State FL	Zip Code 34787
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 <i>Nicole Ross</i>		Date 5/26/2020	
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
MGR	Nicole Ross	15055 Evergreen Oak Loop	Winter Garden, FL 34787
AR	David Ross	15055 Evergreen Oak Loop	Winter Garden, FL 34787
REINSTATEMENT			
2018-2020			
11. E-mail Address nicolelross31@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 <i>Nicole Ross</i>		Date 5/26/2020	Daytime Phone # 785-375-9448
Typed or printed name of signing authorized representative/member Nicole Ross			