

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 FEB 18 PM 12:07

DOCUMENT # **L17000195088**

1. Limited Liability Company's Name

3 Point Consulting, LLC

200340916352
02/18/20--01016--022 **\$16.25
CR2E041 (1/14)

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

1402 NE 2nd AVE

Suite, Apt. #, etc

3. Mailing Office Address

1402 NE 2nd AVE

Suite, Apt. #, etc

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

Zip

33444

Country

Palm Beach

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
to Do Business in Florida

9/29/2017

6. FEI Number

NONE

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

DAVID ALVARADO

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

1402 NE 2nd AVE

Apt. #, Etc

City

Delray Beach

State

FL

Zip Code

33444

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

David Alvarado

REGISTERED AGENT MUST SIGN

Date

2/6/2020

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
AMBR	David Alvarado	801 Delmar Way Apt 208	Delray Beach, FL 33483
AMBR	Sean Baber	801 Delmar Way Apt 208	Delray Beach, FL 33483

REINSTATEMENT

FEB 18 2020

R. HUNT

11. E-mail Address: **info@threepointconsulting.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

Sean Baber

Date

2/6/2020

Daytime Phone #

904-347-5443

Typed or printed name of signing authorized representative/member



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Document Number

Florida Limited Liability Company
3 POINT CONSULTING, LLC

Filing Information

Document Number	L17000195088
FEI/EIN Number	NONE
Date Filed	09/20/2017
State	FL
Status	INACTIVE
Last Event	LC RA/RO CHG FOR INACTIVES
Event Date Filed	10/02/2019
Event Effective Date	NONE

Principal Address

1402 NE 2ND AVENUE
DELRAY BEACH, FL 33444

Changed: 10/02/2019

Mailing Address

1402 NE 2ND AVENUE
DELRAY BEACH, FL 33444

Changed: 10/02/2019

Registered Agent Name & Address

ALVARADO, DAVID
1402 NE 2ND AVENUE
DELRAY BEACH, FL 33444

Name Changed: 10/02/2019

Address Changed: 10/02/2019

Authorized Person(s) Detail

Name & Address

Title AMBR

ALVARADO, DAVID
801 DELMAR WAY, APT. 208
DELRAY BEACH, FL 33483

Title AMBR

BABER, SEAN

801 DELMAR WAY, APT. 208

DELRAY BEACH, FL 33483

Annual Reports

No Annual Reports Filed

Document Images

10/02/2019 -- CQRLCRACH

[View image in PDF format](#)

09/20/2017 -- Florida Limited Liability

[View image in PDF format](#)

Florida Department of State, Division of Corporations