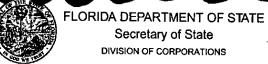
LIMITED LIABILITY **COMPANY** REINSTATEMENT



03 MAR 13 PH 4: 13

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT #	L98000002827
1. Limited Liability Company's N	

	d Liability Company's Name				ĺ		
	GREENSPOON CONSULT	ING, LLC					
,		T			2/2	00 - 02	
i,			ing Office Address		7/2	3/394-03	
655 S. Tropical Trail Suité, Apt. #, etc.		6865 S. Tropical Trail		4. State/Co	4. State/Country of Formation		
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.	r	FL		
City 8 Ct-1	_					ranized or Qualified : usiness in Florida	
City & Stat	Ð	City & State			6. FEI Num	11/23/98 ber L Applied For	
Merri Zlp	tt Island, FT.	Merrit	t Isla			Not Applicable	
, Zib	Country	Zip		Country	7.	TE OF STATUS DESIRED \$5.00 Additional Fee requir	
32952	USA	32952		USA		for a Certificate of Status	
		8.	Name and A	ddress of Current Re	gistered Agent		
	Name						
	James H. Fallace Street Address (P.O. Box Number is	Not Accentable)				00013344712	
	1900 S. Hickory S		مسر		03/0	3/0301080022 **355 00	
	Suite, Apt. #, Etc.		*			5, 52 Crees SEL 44, 195	
	Suite A						
	Melbourne?					State Zip Code	
9. L being		h 14'	4.0.4.00			1 1 37.901	
	appointed the registered agent of the a	pove named limite	d liability co	mpany, am familiar with	and accept the oblig	ations of Chapter 608, F.S.	
Signature of Registered		<del></del>				Date	
		REGISTERED AG	ENT MUST	SIGN			
					· · · · · · · · · · · · · · · · · · ·	:-	
10. Name	es and Street Addresses of Managing M	lembers/Managers	i 				
10. Name	es and Street Addresses of Managing M Name of Managing Members/Man			Street Address of Managing Member/		City / State / Zip	
	Name of	agers			Manager	City/State/Zip  Merritt Island, FL 32952	
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles	Name of Managing Members/Mana	agers		Managing Member/	Manager		
Titles  MGR	Name of Managing Members/Managing Member	M.D.	6865	Managing Member/ S. Tropical	Manager  Trail	Merritt Island, FL 32952	
MGR  11. I certify filing the all fees	Name of Managing Members/Man:  Jeffrey Greenspoon  / that I am managing member/manager is reinstatement application the reason	or the receiver or	trustee emp	Managing Member/ S. Tropical  owered to execute this ted, the limited flability indicated on this applic	Application as providompany name satisfition is true and accur		
MGR  11. I certify filing the all fees as if m	Name of Managing Members/Managing Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Members/Membe	or the receiver or	trustee emp	Managing Member/ S. Tropical  owered to execute this ted, the limited flability indicated on this applic	application as provide company name satisfition is true and accurate to the company name satisfition is true and accurate to the company name satisfit the company name satisf	Merritt Island, FL 32952	

Greenspoon, M.D.