Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

Resubmission, please keep file date of 05/30/2017.

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
PBC & ASSOCIATES CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$516.25

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 MAY 30 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000005494

1. Limited Liability Company's Name
PBC & Associates Consulting LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 Jefferson Street	601 Jefferson Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
3455 -A	3455-A
City & State	City & State
Houston , TX	Houston TX
Zip / Country	Zip / Country
77002 / USA	77002 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09/12/2007

6. FEI Number: 26-0599814 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine, Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Kimberly Daggett, Asst. Sec. (REGISTERED AGENT MUST SIGN) Date: 5/29/2017

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
Manager	CHRISTOPHER HEINRICH	601 Jefferson Street, suite 3400	Houston Texas 77002
MGR	BETH ANN DRANGUET	601 Jefferson Street, suite 3400	Houston Texas 77002
MGR	ADAM KRAMER	601 Jefferson Street, suite 3400	Houston Texas 77002

11. E-mail Address: _____
(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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 26 May 2017 Daytime Phone # 713-753-3834

Typed or printed name of signing Authorized Representative/Manager: Beth Ann Dranguet

T HENDERSON
JUN 08 2017