Kim Tadlock 800-432-3622 (03/03) 08/16/2017 09:13:25 AM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000008600

1. Limited Liability Company's Name
Relevant Solutions, LLC - TX

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12610 West Airport Blvd	14910 Henry Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 100	
City & State	City & State
Sugar Land, TX	Houston, TX
Zip / Country	Zip / Country
77478	77060

CR2E041 (1/14)

4. State/Country of Formation
Texas

5. Date Organized or Qualified To Do Business in Florida 10/26/20105

6. FEI Number
27-4029053

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional (required for a certificate of status)

8. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite
515 East Park Avenue

Apt. #, Etc.
2nd Floor

City
Tallahassee

State
FL

Zip Code
32301

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: Shawna L. Smith, Asst. Secy. on behalf of Capitol Corporate Services, Inc. Date: 8/15/2017

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
Sr Acct	Frances Dyer	7210 Wedgehollow Court	Spring, TX 77389
CFO	Charlie Reevee	8228 HWY 377	Pilot Point, TX 76258

11. E-mail Address: frances.dyer@relevantsolutions.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: Frances Dyer Date: 8/15/17 Daytime Phone #: 281-405-7445

Typed or printed name of signing authorized representative/member: Frances Dyer

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Kim Tadlock 800-432-3622 (02/03) 08/16/2017 09:13:05 AM

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

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

Email Address: _____

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LIMITED LIABILITY REINSTATEMENT
RELEVANT SOLUTIONS, LLC-TX

Certificate of Status	0
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