

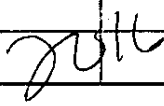
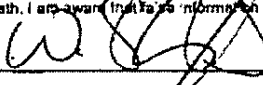


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

16 OCT -5 PM 2:24

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)	
DOCUMENT # 1. Limited Liability Company's Name M15000009808 HALSTATT SEARCH PARTNERS, LLC					
2. Principal Office Address - No P.O. Box # 2640 GOLDEN GATE PKWY SUITE 105		3. Mailing Office Address 2640 GOLDEN GATE PKWY SUITE 105		4. State/Country of Formation Delaware	
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 12/08/2015	
City & State NAPLES, FL		City & State NAPLES, FL		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 34105	Country USA	Zip 34105	Country USA	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 CORPORATION SERVICE COMPANY					
Street Address (P.O. Box Number is Not Acceptable) Suite 1201 HAYS ST					
Apt. #, Etc.					
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 conditions of Chapter 605, F.S. Signature of Registered Agent  Asst. Vice President Date 10/5/14 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	William S Jones	2640 GOLDEN GATE PKWY SUITE 105		NAPLES, FL 34105	
REINSTATEMENT					
					
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 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 		Date 10/4/16		Daytime Phone # 239-302-6673	
Typed or printed name of signing authorized representative/member _____					

OCT - 5 2015

M WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 316249 8044365
AUTHORIZATION : *[Signature]*
COST LIMIT : \$238,75

ORDER DATE : October 3, 2016
ORDER TIME : 3:28 PM
ORDER NO. : 316249-010
CUSTOMER NO: 8044365

REINSTATEMENT

NAME: HALSTATT SEARCH PARTNERS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
16 OCT -5 PM 1:56