

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR 13 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #. M99000002009

1. Limited Liability Company's Name

ESYSTEMS CONSULTANTS LLC

2. Principal Office Address

9401 N.W. 13TH. ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

Zip

33322

Country

USA

Zip

Country

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified  
To Do Business in Florida

12-4-1999

6. Serial Number

51-0398259

M99000002009

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

H. ALLAN SHORE

600004034016-2

-04/20/01 -01004-002

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

ONE S.E. THIRD AVENUE

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33131-1714

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

H. Allan Shore

REGISTERED AGENT MUST SIGN

Date 1/18/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	JACK LEVINE, H6001	600 GRAPETREE DRIVE	KB9 BISCAJON, FL 33149
VP	ALFONS VAN WIJK, H6001	9401 N.W. 13TH. STREET	PLANTATION, FL 33322

REINSTATEMENT

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acc

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

Signature of  
Managing Member/Manager

ALFONS VAN WIJK

Date 1/11/01 Daytime Phone# 954 205 4724

Typed or printed name of signing Managing Member/Manager

ALFONS VAN WIJK