2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

07 NOV 26 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LH 11-28-07

REINSTATEMENT 07

CR2E098 (1/07)

DOCUMENT # P04000087700

1. Entity Name
LMD MANAGEMENT CONSULTING, INC.

Principal Place of Business	Mailing Address
286 SW 206 AVE PEMBROKE PINES, FL 33029	~~286 SW 206 AVE~~ ~~PEMBROKE PINES, FL 33029~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	17700 S.W. 117TH ST. RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DUNNELLON FLORIDA
Zip / Country	Zip: 34432 Country: U.S.A

4. FEI Number: 20-1370135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKSON, LAWRENCE M 286 SW 206 AVE PEMBROKE PINES, FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DICKSON, LAWRENCE M 286 SW 206 AVE PEMBROKE PINES, FL 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 000112703450 11/29/07--01051--014 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DICKSON, TABATHA 286 SW 206 AVE PEMBROKE PINES, FL 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE M. DICKSON PRESIDENT 11/15/07 954-441-6837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LAWRENCE M. DICKSON