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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

17 AUG 16 09:05

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # M1500008600 1. Limited Liability Company's Name Relevant Solutions, LLC - TX					
2. Principal Office Address - No P.O. Box # 12610 West Airport Blvd		3. Mailing Office Address 14910 Henry Road		CR20041 (1/14)	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. 		4. State/Country of Formation TEXAS	
City & State Sugar Land, TX		City & State Houston, TX		5. Date Organized or Qualified To Do Business in Florida 10/26/20105	
Zip 77478	Country	Zip 77060	Country	6. FEI Number 27-4029053	
				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> YES (NO Additional Fee required for a certificate of status)					
B. 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: <i>Shawna L. Smith</i> 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					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
Sr Acct	Frances Dyer	7210 Wedgehollow Court		Spring, TX 77389	
CFO	Charlie Reeves	8228 HWY 377		Pilot Point, TX 76258	
11. E-mail Address: frances.dyer@relevantsolutions.com (Tabular for future address report conditions)					
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/manager: <i>Frances Dyer</i> Date: 8/15/17 Daytime Phone #: 281-405-7445					
Typed or printed name of signing authorized representative/manager: Frances Dyer					

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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 : I2C160CC0017
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: _____

**LIMITED LIABILITY REINSTATEMENT
RELEVANT SOLUTIONS, LLC-TX**

Certificate of Status	0
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