L00000003857

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 19 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

700009019527
11/15/02--01026--008 **155.00

DOCUMENT # L00000003857

1. Limited Liability Company's Name

STRATEGIC CAPITAL GROUP, LLC

2. Principal Office Address	**3.** Mailing Office Address
11875 Indrio Road	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, FL	City & State
Zip: 34951 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: 03-31-2000

6. FEI Number: 37-1442983 ☐ 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: Richard Bourret

Street Address (P.O. Box Number is Not Acceptable): 7825 SW Ellipse Way

REINSTATEMENT 2002

Suite, Apt. #, Etc.

City: Stuart | State: FL | Zip Code: 34997

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: [signature] REGISTERED AGENT MUST SIGN

Date: 11-07-02

CR2E041 (9/01)

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
MGRM	Richard Bourret	7825 SW Ellipse Way	Stuart, FL. 34997
MGRM	Joe D. Tippens	11875 Indrio Road	Ft. Pierce, FL 34951
MGRM	Gary Last	2060-130 Adelaide St. West	Toronto, Ontario M5H, 3P5 CANADA
			M THOMAS

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: Joe D. Tippens Date: 11-7-02 Daytime Phone#: 561-370-3330

Typed or printed name of signing Managing Member/Manager: Joe D. Tippens