L00000012886

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 AUG 19 AM 8:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012886

1. Corporation Name
InvestorSource Group, LLC.

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 50593	P.O. Box 50593
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34232 Country: USA	Zip: 34232 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/2000

5. FEI Number: 59-3677550 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jonathan D. Leinwand PA.

Street Address (P.O. Box Number is Not Acceptable): 12955 Biscayne Boulevard

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08/19/03--01019--002 **200.00

Suite, Apt. #, Etc.: Suite 402

City: North Miami | State: FL | Zip Code: 33181

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jonathan Leinwand
REGISTERED AGENT MUST SIGN

Date: 8-14-03

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MM	Steve King	P.O. Box 50593	Sarasota, FL 34232

REINSTATEMENT
REINSTATEMENT 2003-03

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Steve King 8/10/2003 941-379-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #