PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 28 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015916

1. Limited Liability Company's Name

Insignia Group, L.C.

2. Principal Office Address		**3.** Mailing Office Address	
201 - 34th Street North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
St. Petersburg, FL			
Zip	Country	Zip	Country
33713	USA		

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1/15/98

6. FEI Number: 59-2873465 ☐ 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: Denis A. Cohrs

Street Address (P.O. Box Number is Not Acceptable): 2575 Ulmerton Road

Suite, Apt. #, Etc.: Suite 210

City: Clearwater | State: FL | Zip Code: 33762

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 _____ Date 6/24/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Mgr	Robb A. Bauman	201 - 34th Street North	St. Petersburg, FL 33762
Mggr	John Cannon	201 - 34th Street North	St. Petersburg, FL 33762
	REINSTATEMENT 07.03	400038318864 06/28/04--01053--004 **250.00	

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 John Cannon Date 6/24/04 Daytime Phone # (727) 327-9026

Typed or printed name of signing Managing Member/Manager John Cannon