

**L02000017290**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
 LIMITED LIABILITY COMPANY REINSTATEMENT  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS



**FILED**

03 DEC -2 PM 2:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L02000017290

1. Limited Liability Company's Name  
**Miles Group Sarasota, LLC**

2. Principal Office Address  
**680 Golden Gate Point**

3. Mailing Office Address  
**680 Golden Gate Point**

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

Zip Country  
**34236 U.S.**

Zip Country  
**34236 U.S.**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**7/10/02**

6. FEI Number  
**41-2116035**

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  
**Mark S. Schecter**

300025169273  
 12/02/03--01064--016 \*\*155.00

Street Address (P.O. Box Number is Not Acceptable)  
**100 NE 3rd Ave, Suite 858**

Suite, Apt. #, Etc.

City  
**Fort Lauderdale**

State Zip Code  
**FL 33301**

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 **12/21/03**

REGISTERED AGENT MUST SIGN

**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	Michael T. Miles	680 Golden Gate Point	Sarasota, FL 34236

**REINSTATEMENT 2003**  
 12/21/03

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

*[Signature]*

Date **12/21/03**

Daytime Phone# **1781 405 1153**

Typed or printed name of signing Managing Member/Manager **Michael T. Miles**

CR2E041 (10/02)