PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2020 DEC -2 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700355955477
12/02/20--01014--007 **243.75

DOCUMENT # L09000114263

1. Limited Liability Company's Name

Applied Business Intelligence Group, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19 Fairway Lane	3948 3rd Street South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#152
City & State	City & State
Jacksonville Beach, FL	Jacksonville Beach, FL
Zip / Country	Zip / Country
32250 / Duval	32250 / Duval

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 12/01/2009

6. FEI Number: 27-1403226 ☑ 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: Robert Davis

Street Address (P.O. Box Number is Not Acceptable) Suite,: 3948 3rd Street South

Apt. #, Etc.: #152

City: Jacksonville Beach, FL | State: FL | Zip Code:

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: Robert S. Davis Date: 11/30/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MEMM	Robert Davis	3948 3rd Street South #152	Jacksonville Beach, FL 32250

DEC 2 2020
R. HUNT

REINSTATEMENT

11. E-mail Address: _____
(To be used for future annual report notifications)

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/member: Robert S. Davis Date: 11/30/2020 Daytime Phone #: 904-686-2501

Typed or printed name of signing authorized representative/member: _____