

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : GREENBERG TRAUIG CONSULTING, INC.
Account Number : I20140000080
Phone : (305)579-7882
Fax Number : (305)961-5722

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.


Email Address: CAMBOL29@law.com

LIMITED LIABILITY REINSTATEMENT
BIFROST GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATORS	
DOCUMENT # L11000033756 1. Limited Liability Company's Name BIFROST GROUP, LLC			
2. Principal Office Address - No P.O. Box # 19495 Biscayne Blvd.		3. Listing Office Address 19495 Biscayne Blvd.	
State, Apt. #, etc. Suite 809		State, Apt. #, etc. Suite 809	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country USA	Zip 33180	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified to Do Business in Florida 03/18/2011			
6. FEI Number 45-1188812		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>ST.CO Additional Fee required for a certificate of status</small>			
8. Name and Address of Current Registered Agent Name Corporation Service Company Street address (P.O. Box Number is Not Acceptable) suite, 1201 Hays Street Apt. #, Etc. City Tallahassee			
State FL		Zip Code 32301	
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: <u><i>Danielle H. Hoyer</i></u> Date: <u>7/12/16</u> <small>REGISTERED AGENT MUST SIGN</small>			
10. Name and Street Address of Authorized Representative/Managers			
Title	Name of Authorized Representative/Manager	Street Address of each Authorized Representative/Manager	City / State / Zip
MANAG	ERIC N. ASSIMAKOPOULOS	19495 Biscayne Blvd., Suite 809	Aventura, FL 33180
11. E-mail Address: combol@gtlaw.com			
<small>(Take used for future annual report not for here)</small>			
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 option for Disposition has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, P.S., and that all fees owed by the limited liability company have been paid. The information included 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/manager: <u><i>Eric N. Assimakopoulos</i></u>		Date: _____ Daytime Phone #: 305-579-7882	
Type or printed name of signing authorized representative/manager: Eric N. Assimakopoulos			

RE 7/12/16