

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -2 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M00000000647*

1. Limited Liability Company's Name

The Communications Group, LLC

2. Principal Office Address

6433 Pine Ave

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip

33957

Country

Lee

3. Mailing Office Address

6433 Pine Ave

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip

33957

Country

Lee

4. State/Country of Formation

Texas

5. Date Organized or Qualified
To Do Business in Florida

4/04/2000

6. FEI Number

752485598

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

Jerry Clawson

Street Address (P.O. Box Number is Not Acceptable)

6433 Pine Ave

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

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

Jerry Clawson

REGISTERED AGENT MUST SIGN

Date *11/29/04*

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
<i>Mgr/Off</i>	<i>Jerry Clawson</i>	<i>6433 Pine Ave</i>	<i>Sanibel FL 33957</i>
<i>Mgr/Off</i>	<i>Penna Clawson</i>	<i>6433 Pine Ave</i>	<i>Sanibel FL 33957</i>

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12/22/04--01066--015 **250.00
REINSTATEMENT
08-04

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

Date *11/29/04* Daytime Phone# *239-472-6261*

Typed or printed name of signing Managing Member/Manager

Jerry Clawson

CR2E041 (10/02)