

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000 546

1. Limited Liability Company's Name

EMBASSY GROUP, LLC.

2. Principal Office Address

12601 SR. 545

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

Zip Country

34787 ORANGE

3. Mailing Office Address

P.O. Box 622903

Suite, Apt. #, etc.

City & State

OVIEDO, FL

Zip Country

32762 SEMINOLE

4. State/Country of Formation

ORLANDO, FL

5. Date Organized or Qualified
To Do Business in Florida

JANUARY 14-2000

6. FEI Number

59-3617249

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LARRY JORDAN

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

223 STRATFORD DR.

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-20-01

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
<u>may</u> <u>D.M.</u>	<u>LARRY JORDAN</u>	<u>223 STRATFORD DR.</u>	<u>WINTER SPRINGS FL 32708</u>
<u>may</u> <u>D.M.</u>	<u>CARLOS CANTERO</u>	<u>12601 SR. 545</u>	<u>WINTER GARDEN FL 34787</u>

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]
LARRY JORDAN

Date 11-20-01

Daytime Phone # 407 467 4872

Typed or printed name of signing Managing Member/Manager

LARRY JORDAN

CR2E041 (9/01)