

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 AUG 26 A 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001674

1. Limited Liability Company's Name

THE SLAZ GROUP, L.C.

2. Principal Office Address

4414 DAWN RIDGE ST.

Suite, Apt. #, etc.

100

City & State

PALM BEACH GARDENS

Zip

FL 33410

Country

USA

3. Mailing Office Address

4414 DAWN RIDGE ST

Suite, Apt. #, etc.

100

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2-15-00

6. FEI Number

☒ 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

RONALD W. SLAZOR

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

4414 DAWN RIDGE STREET

Suite, Apt. #, Etc.

#100

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Ronald W. Slazor

REGISTERED AGENT MUST SIGN

Date 8/23/04

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
MGR	RONALD W. SLAZOR	4414 DAWN RIDGE STREET SUITE 100	PALM BEACH GARDENS FLORIDA 33410

REINSTATEMENT

01-04
dec

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

Ronald W. Slazor

Date 8/23/04

Daytime Phone (561) 707-3409

Typed or printed name of signing Managing Member/Manager

THE LAW OFFICES OF

ALAN J. COOPER, P.A.

218 North U.S. Highway #1
P.O. Box 3072
Tequesta, Florida 33469

Admitted: Florida & New York
Office: (561) 744-2455
Fax: (561) 745-2325

August 24, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Reinstatement- The Slaz Group, L.C. Doc. #L00000001674

Dear Sir:

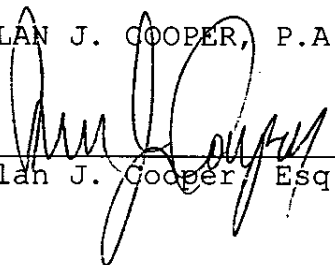
Enclosed please find the following:

1. Limited liability Company reinstatement form
2. My check for \$305.00

Please reinstate the above L.C. immediately and forward a Certificate of Status. If any problems or questions, please call collect at 561-744-2455 or email me at alanlawyer@aol.com. Thank you.

Very truly yours,

ALAN J. COOPER, P.A.

By: 
Alan J. Cooper, Esq.

Enc.