

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV 18 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005749

1. Limited Liability Company's Name

Spartan Advisors, LLC

2. Principal Office Address

100 1st AVE S

Suite, Apt. #, etc.

Ste 287

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

100 1st AVE S

Suite, Apt. #, etc.

Ste 287

City & State

St Petersburg, FL

Zip

33701

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/18/00

6. FEI Number

593653019

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

Thomas P. McNamara

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

Thomas P. McNamara, Esq.

Suite, Apt. #, Etc.

2909 Bay to Bay Blvd. Ste 309

City

Tampa

State

FL

Zip Code

336029

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

10/22/04

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.	Micah J. Eldred	100 1st AVE S Ste 287	St Petersburg, FL 33701

REINSTATEMENT 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

[Signature]

Date

Micah J. Eldred

Daytime Phone #

727-502-0858

Typed or printed name of signing Managing Member/Manager

Micah J. Eldred

CR2E041 (10/02)