

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

REINSTATEMENT 2001
FILED

OCT 17 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

TERRENE GROUP, LLC.

2. Principal Office Address

8870 TERRENE CT

Suite, Apt. #, etc.

SUITE 107

City & State

BONITA SPRGS, FL

Zip

34135

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA, U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

OCT, 00

6. FEI Number

593648288

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

SCOTT A. WILSON

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

27090 MORA RD

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

Scott A. Wilson
REGISTERED AGENT MUST SIGN

Date **10.15.01**

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
MGR	SCOTT WILSON	27090 MORA RD	BONITA SPRGS, FL 34135

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

Scott A. Wilson

Date **10.15.01** Daytime Phone # **941.450.8400**

Typed or printed name of signing Managing Member/Manager **SCOTT A. WILSON**