

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
"SECRETARY OF STATE  
DIVISION OF CORPORATIONS"

05 MAR 15 AM 10:52

DOCUMENT #

L00000007588

1. Limited Liability Company's Name

Acquisition Group LLC

2. Principal Office Address

405 NE 2nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hallandale

City & State

FL 3300

Zip

33009

Country

Bowward

Zip

Country

4. State/Country of Formation

FL Bowward

5. Date Organized or Qualified  
To Do Business in Florida

6/27/00

6. FEI Number

65-1020920

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

Morris Vahnish

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

405 NE 2nd Ave

Suite, Apt. #, Etc.

City

Hallandale FL

State

FL

Zip Code

33005

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

REGISTERED AGENT MUST SIGN

Date 3/13/15

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
MM	Morris Vahnish	405 NE 2nd Ave	Hallandale FL 33005

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

3/13/15

Daytime Phone #

954 455 3939

Typed or printed name of signing Managing Member/Manager

Morris Vahnish

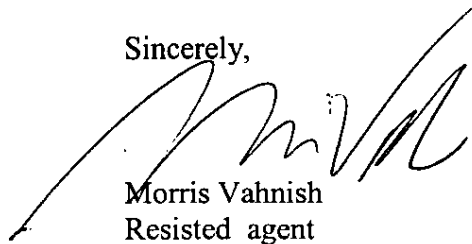
REINSTATEMENT 04-05

Acquisition Group LLC  
405 NE 2<sup>nd</sup> Ave  
Hallandale FL 33009  
954-455-3939

To Department of State;

I Morris Vahnish Registered agent for Acquisition did not receive the annual report for this LLC. I have included the reinstatement form along with the fee. If you have any question feel free to contact me at 954-455-3939.

Sincerely,

A handwritten signature in black ink, appearing to read 'MVA', is written over the printed name and title.

Morris Vahnish  
Registered agent