

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015975

1. Limited Liability Company's Name

Loveless Management Group, L.L.C.

2. Principal Office Address

3584 Sarasota Golf Club Blvd

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34240

Country

USA

3. Mailing Office Address

3584 Sarasota Golf Club Blvd

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34240

Country

USA

4. State/Country of Formation

Florida/USA

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

12/22/2000

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

Timothy L. Loveless

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

3584 Sarasota Golf Club Blvd

Suite, Apt. #, Etc.

City

Sarasota

State

Zip Code

FL 34240

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.

05/06/04--01016--008 **250.00

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/30/04

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
Pres	Timothy L. Loveless	3584 Sarasota Golf Club Blvd	Sarasota, FL 34240

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 04/30/04 Daytime Phone # (941) 378-4552

Typed or printed name of signing Managing Member/Manager Timothy L. Loveless

CR2E041 (10/02)