

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

L01000000184

FILED

02 NOV -5 PM 1:04

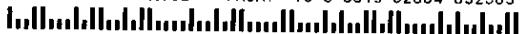
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L01000000184

Name and Mailing Address

0000767 01 FP 0.352 \*\*PRST T3 0 0615 32804-632305



SIMS GROUP, LLC  
1110 S.W. IVANHOE BLVD., SUITE 5  
ORLANDO FL 32804-6323

300008803253  
11/05/02--01039--009 \*\*150.00



1115 2002

2. New Mailing Address

1030 N. ORANGE AVE SUITE #104

City, State, Zip

ORLANDO, FL 32801

Principal Place of Business

1110 S.W. IVANHOE BLVD., SUITE 5  
ORLANDO FL 32804

3. New Principal Place of Business Address

1030 N. ORANGE AVE SUITE #104

City, State, Zip

ORLANDO, FL 32801

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/04/2001

6. FEI Number

36-4410049

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

SIMS, BILL J  
1110 S.W. IVANHOE BLVD., SUITE 5  
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BILL J. SIMS	1110 S.W. IVANHOE BLVD SUITE 5	ORLANDO, FL 32804

12. I certify that I am managing member/manager of 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)