

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LO1000001170

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02. OCT 25 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/4/02

DOCUMENT # **LO1000001170**

1. Limited Liability Company's Name
The Platinum Group, LLC

2. Principal Office Address
7733 Sandhill Court

3. Mailing Office Address
7733 Sandhill Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip Country
33412 USA

Zip Country
33412 USA

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified To Do Business in Florida
JANUARY 1, 2001

6. FEI Number
65-1036038

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
Stephen J. Albano CPA

Street Address (P.O. Box Number is Not Acceptable)
7733 Sandhill Court

Suite, Apt. #, Etc.

City
West Palm Beach,

State Zip Code
FL 33412

100008588361

10/25/02--01026--003 *\$5.00**

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 Date **10/22/02**
REGISTERED AGENT MUST SIGN

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
Managing Member	Stephen J. Albano CPA	7733 Sandhill Court	West Palm Beach, FL 33412

MEMBER
MG RM

REINSTATEMENT 2002
mk

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 **10/22/02** Daytime Phone # **(561) 624-0802**
Typed or printed name of signing Managing Member/Manager **Stephen J. Albano CPA (Managing Member)**

10/22/02

CR2E041 (9/01)