

L01000002776 1063

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

03 JAN 28 PM 3:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L01000002776

1. Limited Liability Company's Name

ENTERPRISE FINANCIAL GROUP, LLC

2. Principal Office Address

25 Second Street North

3. Mailing Office Address

25 Second Street North

Suite, Apt. #, etc.

SUITE 330

Suite, Apt. #, etc.

SUITE 330

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33701

Country

USA

Zip

33701

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

02/21/2001

6. FEI Number

59-3704205

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

JULIO C. ESQUIVEL

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

101 EAST KENNEDY BLVD.

Suite, Apt. #, Etc.

SUITE 2800

City

TAMPA

State

FL

Zip Code

33602

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

Julio Esquivel

REGISTERED AGENT MUST SIGN

Date JANUARY 24, 2003

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHARLES D. HEROLD	25 Second Street North, Suite 330	St. Petersburg, Florida 33701

REINSTATEMENT 2002-03

FAL

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

Charles D. Herold

Date 01/24/2003

Daytime Phone # 727.894.7505

Typed or printed name of signing Managing Member/Manager

CHARLES D. HEROLD

2063

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

LIMITED LIABILITY REINSTATEMENT

ENTERPRISE FINANCIAL GROUP, L.L.C.

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DIVISION OF CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$205.00



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 27, 2003

SHUMAKER, LOOP

SUBJECT: ENTERPRISE FINANCIAL GROUP, L.L.C.
REF: L01000002776

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section

Division of Corporations Letter Number: 403A00004953

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314