PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|---|---|---|
| **LIMITED LIABILITY COMPANY REINSTATEMENT** | **FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS | **FILED** 04 DEC 13 PM 3: 13 SECRETARY OF STATE TALLAHASSEE FLORIDA |

DOCUMENT # L0100000 5273

**1.** Limited Liability Company's Name

Anvil Development Group, LLC

900043365599
12/13/04--01059--011  **200.00

12/13

**2.** Principal Office Address
645 Ocean Inlet Drive
Suite. Apt. #. etc.

**3.** Mailing Office Address
645 Ocean Inlet Drive
Suite. Apt. #. etc.

**4.** State/Country of Formation
Florida

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

City & State
Boynton Beach FL

City & State
Boynton Beach FL

**6.** FEI Number
65-1091568

| Applied For |
| ☐ Not Applicable |

Zip 33435  Country PalmBeach

Zip 33435  Country PalmBeach

**7.** CERTIFICATE OF STATUS DESIRED ☐  $5.00 Additional Fee required for a Certificate of Status

**8.** Name and Address of Current Registered Agent

Name  Cory Smith

Street Address (P.O. Box Number is Not Acceptable),
645 Ocean Inlet Drive
Suite. Apt. #. Etc.

City  Boynton Beach FL   | State FL | Zip Code 33435 |

**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  Cory Smith    Date 12/9/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

**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 |
|---|---|---|---|
| CEO | Cory Smith | 645 Ocean Inlet Dr | Boynton Beach FL 33435 |
| | | | |
| | | | |

REINSTATEMENT 2003 2004

**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  Cory Smith    Date 12/9/04   Daytime Phone # 561-742-2255

Typed or printed name of signing Managing Member/Manager _____