

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

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

12/13

DOCUMENT # L01000005273

1. Limited Liability Company's Name

Anvil Development Group, LLC

2. Principal Office Address

645 Ocean Inlet Drive

Suite, Apt. #, etc.

3. Mailing Office Address

645 Ocean Inlet Drive

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip Country

33435 Palm Beach

City & State

Boynton Beach FL

Zip Country

33435 Palm Beach

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1091568

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

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

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

CR2E041 (10/02)