

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 11:01

DOCUMENT # L01000006988

1. Limited Liability Company's Name

Discovery Consulting Group, LLC

300061043403
10/31/05--01045--002 **305.00

CR2E041 (8/05)

2. Principal Office Address

12601 Lake Ridge Cir
Suite, Apt. #, etc.

3. Mailing Office Address

12601 Lake Ridge Cir.
Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

US

Zip

34711

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

4-19-2001

6. FEI Number

59-3714681

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

Robert G. Sullivan II

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

12601 Lake Ridge Cir.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Robert G. Sullivan II

Date 10-28-2005

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
MEM	Robert G. Sullivan II	12601 Lake Ridge Cir.	Clermont, FL 34711

REINSTATEMENT 02-05

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

Robert G. Sullivan II

Date 10-28-2005 Daytime Phone # 352-243-6985

Typed or printed name of signing Managing Member/Manager

Robert G. Sullivan II