

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 JUN -9 AM 8:19

DOCUMENT # L 01000011449

1. Limited Liability Company's Name

DeCandis Group, LLC

2. Principal Office Address

409 Triple Crown Ln.

Suite, Apt. #, etc.

Whitelock Farms

City & State

Jacksonville, FLA.

Zip

32254-8874

Country

USA

3. Mailing Office Address

409 Triple Crown Ln.

Suite, Apt. #, etc.

Whitelock Farms

City & State

Jacksonville, FLA.

Zip

32254-8874

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida

07/13/2001

6. FEI Number

36-4455657

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Addtional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Andrew T. DeCandis

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

409 Triple Crown Ln.

Suite, Apt. #, Etc.

Whitelock Farms

City

Jacksonville

State

FL

Zip Code

32254-8874

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

Andrew T. DeCandis

REGISTERED AGENT MUST SIGN

Date 6/8/2005

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
MGR	Andrew T. DeCandis	409 Triple Crown Ln, Jacksonville, FL 32254	

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 608.408, 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

Andrew T. DeCandis

Date

6/8/05

Daytime Phone #

404-403-3028

Typed or printed name of signing Managing Member/Manager

Andrew T. DeCandis

CR2004 (10/02)