PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JAN 14 PM 4:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

300044921843

DOCUMENT # L01000014142

1. Limited Liability Company's Name
The Rhoads Group, LLC

2. Principal Office Address		3. Mailing Office Address	
442 West Kennedy Blvd.		442 West Kennedy Blvd.	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33606	Country USA	Zip 33606	Country USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: Sept. 29, 2004
6. FEI Number: 26-7927990 ☐ 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: Loren G. Rhoads
Street Address (P.O. Box Number is Not Acceptable): 4937 San Rafael
Suite, Apt. #, Etc.:
City: Tampa | State: FL | Zip Code: 33629

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 _____ Date 1/14/05
REGISTERED AGENT MUST SIGN

CR2E041 (10/03)

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
MGRM	Loren G. Rhoads	4937 San Rafael	Tampa, FL 33629

REINSTATEMENT 04-05

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 _____ Date 1/14/05 Daytime Phone # 813-629-5423

Typed or printed name of signing Managing Member/Manager LOREN G. RHOADS

2 of 2

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032 Patricia Pigott

REFERENCE : 146401 7377485

AUTHORIZATION :

COST LIMIT : $ 235.00

FILED
2005 JAN 14 PM 4:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : January 14, 2005

ORDER TIME : 3:21 PM

ORDER NO. : 146401-005

CUSTOMER NO: 7377485

CUSTOMER: Mercedes Clark
Williams, Schifino, Magione &
Suite 2600, 201 North Franklin
Street One Tampa City Center
Tampa, FL 33602

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: THE RHOADS GROUP, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS _____