

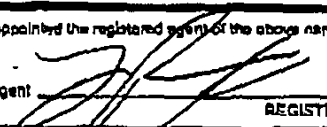
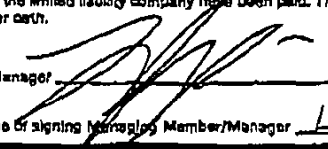
TOTAL P.02
TOTAL P.02

RX TIME 01/14/05 13:45

LOCATION:

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000014142			
1. Limited Liability Company's Name The Rhoads Group, LLC			
2. Principal Office Address 442 West Kennedy Blvd. Suite, Apt. #, etc. 200 City & State Tampa, FL Zip 33606 Country USA		3. Mailing Office Address 442 West Kennedy Blvd. Suite, Apt. #, etc. 200 City & State Tampa, FL 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 ☐ \$5,000 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			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	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	
Typed or printed name of signing Managing Member/Manager LOREN G. RHOADS		Daytime Phone # 813-629-5423	



CORPORATION SERVICE COMPANY

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 146401 7377485

AUTHORIZATION :

COST LIMIT : \$ 235.00

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

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

DOMESTIC FILINGS

NAME: THE RHOADS GROUP, LLC

RECEIVED
05 JAN 14 PM 4:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS _____