

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 3:14

DOCUMENT # L01000017207

1. Limited Liability Company's Name

Fulcrum Development Group, LLC

300108710173
08/28/07--01039--001 **100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 315 23rd Ave NE		3. Mailing Office Address 315 23rd Ave NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33704	Country USA	Zip 33704	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/08/01	
6. FEI Number N/A	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Thomas R. Tipps			
Street Address (P.O. Box Number is Not Acceptable) 315 23rd Ave NE			
Suite, Apt. #, Etc.			
City St. Petersburg, FL		State FL	Zip Code 33704

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 _____
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
Pres	Thomas R. Tipps	315 23rd Ave NE	St. Petersburg, FL 33704

11/28/06-01031-007- \$200.00

BLT

REINSTATEMENT 04-07

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 **8/3/07** Daytime Phone # **727-688-6235**
Typed or printed name of signing Managing Member/Manager **THOMAS R. T. PPS**