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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017813

Name and Mailing Address

0005464 01 AT 0.292 **AUTO T2 2 0615 33070-225922



SPEAR FAMILY INVESTMENT CLUB, LLC
322 WOODS AVE.
TAVERNIER FL 33070-2259



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 10/17/2001 | |
| Principal Place of Business 322 WOODS AVE. TAVERNIER FL 33070 | 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 65-1140161 <div style="display: flex; justify-content: space-between;"><div>Applied For</div><div>Not Applicable</div></div> |
| 8. Name and Address of Current Registered Agent TOLLEY, SHAWN 9200 S DADELAND BLVD SUITE #204 MIAMI FL 33156 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 10. 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 <u><i>Shawn Tolley</i></u> SIGNATURE REQUIRED Date <u>10/28/03</u> REGISTERED AGENT MUST SIGN | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | SPEAR, JON | 7920 ALLEN DRIVE | HOLLYWOOD FL 33024-7150 |
| MGRM | SPEAR, VIRGINIA | 322 WOODS AVE | TAVERNIER FL 33070 |
| <div style="text-align: right;"> 200024379352 11/03/03--01058--016 **150.00 REINSTATEMENT <u>03</u> <i>dec</i> </div> | | | |
| 12. 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 <u><i>[Signature]</i></u> SIGNATURE REQUIRED | | Date <u>10/28/03</u> Daytime Phone <u>305-852-7757</u> | |
| Typed or printed name of signing Managing Member/Manager | | | |

CR2E034 (7/03)