3. Mailing Office Address

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2003 MAY -6' AM 8: 46

DIVILION OF CORPORATIONS TABLEAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT #	L01000019743
• 1	

1. Limited Liability Company's Name

2. Principal Office Address

ŹUMA GROUP, LLC

618 T	ROPICAL BREEZE WA`	618 TROPI	CAL BREEZE WAY	4. State/Country	of Formation								
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		FLORIDA 5. Date Organized or Qualified To Do Business in Florida 11/15/2001 6. FEI Number_N/A Not Applied For_									
							-TAMPA, FL		-TAMPA,-FL		N/A Not Applicable		
							33602	Country USA	33602	Country USA	7. CERTIFICATE OF	STATUS DESIRED [2] \$5.0	00 Additional Fee required or a Certificate of Status
		8. Name a	nd Address of Current Register	ed Agent									
	JONATHAN J. MONTGOMERY				700014682827 03/25/03-01080-003 **159.00								
	Street Address (P.O. Box Number is Not Acceptable) 618 TROPICAL BREEZE WAY Suite, Apt. #, Etc.												
	City TAMPA	,			State Zip Code								
	TAIVIFA				FL 33602								
Signature o Registered	Agent RE	GISTERED AGENT M	OST SIGN		Date 3 L	20							
10. Name	es and Street Addresses Of Managing Men	bers/Managers	<u>`</u>	<u> </u>	<u> </u>								
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip								
MGRM	JONATHAN J. MONTGOMERY		618 TROPICAL BREEZE WAY		TAMPA, FL 33602								
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		· .		05/06/0	9014682 901070019	**45.00							
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				STATE	VIENT 200	12-03							
filing the all fees as if no	fy that I am managing member/manager of this reinstatement application the restor for so sowed by the limited liability company has made under oath. of Member/Manager	dissolution has been el been paid. The inform	liminated, the limited liability comp ation indicated on this application Date	any name satisfies this true and accurate,	or in chapter 608, F.S. I fur the requirements of section 6 and my signature shall hav	608.406, F.S., and that re the same legal effect							
Typed or pr	rinted name of signing Managing Member/	JONATH JONATH	AN J. MONTGOMERY										