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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L02000002370

1. Limited Liability Company's Name
REINSTATEMENT 2003 - 2004
South Florida Management Group, LLC

2. Principal Office Address	3. Mailing Office Address
4601 W. Kennedy Blvd	4601 W Kennedy Blvd
Suite, Apt. #, etc.: #315	Suite, Apt. #, etc.: #315
City & State: Tampa Fl	City & State: Tampa Fl
Zip: 33607 Country: US	Zip: 33607 Country: US

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 1 31 02

6. FEI Number: ---- 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: William Maltezo

Street Address (P.O. Box Number is Not Acceptable): 4532 W. Kennedy Blvd

Suite, Apt. #, Etc.: #482

City: Tampa | State: FL | Zip Code: 33609

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: William Maltezo — REGISTERED AGENT MUST SIGN — Date: 1 7 04

CR2E041 (10/02)

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
MANAGER	Jerry William Bartlett	123 S. Sherrill st	Tampa Fl 33609
MANAGER	Jerry Wayne Bartlett	3132 Park Ridge Crescent	Chamblee, GA 30341
		2003 -	
	REINSTATEMENT	2004	

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: [signature] Date: 01 06 04 Daytime Phone #: 305 498 2004

Typed or printed name of signing Managing Member/Manager: Jerry William Bartlett