

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000004758

1. Limited Liability Company's Name

The Constellation Group, LLC

2. Principal Office Address

1220 Collins Avenue

3. Mailing Office Address

1220 Collins Avenue

Suite, Apt. #, etc.

#310

Suite, Apt. #, etc.

#310

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600024291856  
10/30/03--01058--008 \*\*158.75

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified  
To Do Business in Florida

2/27/2002

6. FEI Number

35-2161930

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

Robin H. Doxey, c/o Cox & Nici

Street Address (P.O. Box Number is Not Acceptable)

1185 Immokalee Road

Suite, Apt. #, Etc.

#110

City

Naples,

State  
FL

Zip Code  
34110

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

*Robin H. Doxey*  
REGISTERED AGENT MUST SIGN

Date 10/23/03

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
MGR	Fraser Allport	1120 Collins Ave., #310	Miami Beach, Florida 33139

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

*Fraser Allport*

Date

10/23/03

Daytime Phone #

305.532.1231

Typed or printed name of signing Managing Member/Manager

Fraser Allport

CR2ED41 (10/02)

2 of 2

The Constellation Group, LLC  
c/o Fraser Allport  
1220 Collins Ave., Suite 310  
Miami Beach, Florida 33139

October 23, 2003

Department of State  
Division of Corporations  
Corporate Filings, Reinstatement Dept.  
P.O. Box 6327  
Tallahassee, FL 32314

Re: *Reinstatement of The Constellation Group, LLC*  
*Document # L02000004758*

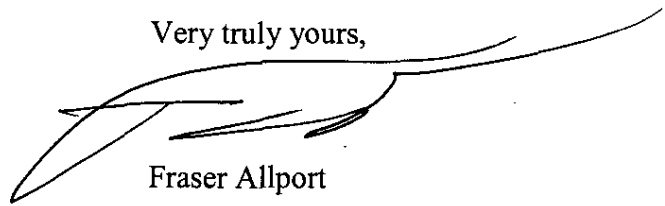
To Whom It May Concern:

The above-referenced limited liability company was administratively dissolved for lack of annual report (UBR). The UBR was inadvertently sent to the wrong address. I never received the notice from the state showing the UBR was due.

Enclosed please find my check in the amount of \$150.00 along with the reinstatement form. Please waive the remaining reinstatement fee.

If you have any questions, please do not hesitate to contact my attorney, Robin Doxey located at 1185 Immokalee Road, Suite 110, Naples, Florida 34110. Her telephone number is 239.254.0706 and email address is [rdoxey@coxnci.com](mailto:rdoxey@coxnci.com). I have enclosed her business card for your convenience.

Very truly yours,



Fraser Allport

10/23/03



Robin H. Doxey  
Juris Doctorate in Law  
Master of Laws in Taxation  
rdoxey@coxnici.com

Suite 110  
1185 Immokalee Road  
Naples, Florida 34110  
239.254.0706 Telephone  
239.254.0709 Facsimile  
www.coxnici.com

October 28, 2003

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Re: Request for Reinstatement and Certificate of Good Standing*  
*Our File no. 1759.5*  
**Document #L02000004758**

Dear Sir/Madam:

With respect to the above-reference business, enclosed is our client's check # 2075 in the amount of \$158.75. Please reinstate the corporation and forward a Certificate of Good Standing to me in the enclosed, self-addressed and prepaid envelope provided for your convenience.

Please feel free to contact me if you have any questions.

Very truly yours,

A handwritten signature in black ink that reads 'Robin H. Doxey'.

Robin H. Doxey

RHD/jss  
Enclosures  
cc: Fraser Allport