

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7 AM 8:21

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

THE METCALF GROUP LLC
LO20000008099

REINSTATEMENT 03-05

2. Principal Office Address

4430 SW 26th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3325 GRIFFIN Rd

Suite, Apt. #, etc.

275

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

April 5, 2002

6. FEI Number

05-0542165

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

DANIA BEACH, FL

Zip

33312

Country

USA

City & State

Fort LAUDERDALE, FL

Zip

33312

Country

USA

8. Name and Address of Current Registered Agent

Name

PAUL G. SCHLICHTE, Esq.

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

2134 Hollywood Blvd.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/31/05

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	DANIEL E METCALF	3325 GRIFFIN Rd #275	Fort Lauderdale, FL 33312
MGRM	MARYSOL METCALF	3325 GRIFFIN Rd #275	Fort Lauderdale, FL 33312

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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 1/31/05

Daytime Phone # (954) 632-1791

Typed or printed name of signing Managing Member/Manager

DANIEL E METCALF

CR2E041 (10/02)