

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 17 AM 10:06

DOCUMENT # L02000010140

1. Limited Liability Company's Name

The Solutions Group, LLC

100065070151
02/02/06--01010--012 **200.00

2. Principal Office Address

16155 SW 117 AVE

3. Mailing Office Address

16155 SW 117 AVE

Suite, Apt. #, etc.

B7

Suite, Apt. #, etc.

B7

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33177

Country

DADE

Zip

33177

Country

DADE

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65 0909812

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

OWEN F. HAMILTON

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

16155 SW 117 AVE

Suite, Apt. #, Etc.

B7

City

MIAMI

State

FL

Zip Code

33177

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

Owen F. Hamilton
REGISTERED AGENT MUST SIGN

Date 4-28-2005

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
DIR	OWEN F. HAMILTON	16155 SW 117 AVE	MIAMI FL 33177

REINSTATEMENT 03-06

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

Owen F. Hamilton

Date 4/28/2005 Daytime Phone # 305 278-2767

Typed or printed name of signing Managing Member/Manager

Owen F. Hamilton

CR2E041 (10/02)

THE SOLUTIONS GROUP LLC.

COMMUNICATION SYSTEMS ENGINEERING • COMPUTER AND NETWORKS SERVICES

16155 SW 117 AVENUE SUITE B7 MIAMI FLORIDA 33177

PHONE (305) 278-2767 FAX (305) 278-7455

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

RE: Document # L02000010140
The Solutions Group LLC
16155 SW 117 Ave Suites B7
Miami FL 33177

Sir/Madam

Your Assistance is greatly appreciated in this matter. I have not been receiving my annual report notification for the above Company. Please process the enclose paper work to reinstate my LLC corporation. Enclose please find a check for \$200.00 to cover the cost of reinstatement.

Thanks in advance

Yours truly,



Owen F. Hamilton