

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L020000018577

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DK

DOCUMENT #

1. Limited Liability Company's Name
GROUP SIX, LLC

2. Principal Office Address
583 Crystal Drive

Suite, Apt. #, etc.

City & State
Madeira Beach, FL

Zip Country
33708 USA

3. Mailing Office Address
583 Crystal Drive

Suite, Apt. #, etc.

City & State
Madeira Beach, FL

Zip Country
33708 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **07/23/2002**

6. FEI Number
54-2067691

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
D&B CORPORATE SERVICE, INC.

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

5999 CENTRAL AVENUE, SUITE 202

Suite, Apt. #, Etc.

City
ST. PETERSBURG

State Zip Code
FL 33710

10003607230

05/11/04--01086--015 **200.00

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

REGISTERED AGENT MUST SIGN

Date

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
M602M	Michael Leavy	583 Crystal Drive	Madeira Beach, FL 33708

REINSTATEMENT 2003-2004

DK

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Michael Leavy, Managing Member

CR2E041 (10/02)