PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 2004 8:00 A.M.
Secretary of State

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05/05/04--01016--003 **200.00

DOCUMENT # L02000018670

1. Limited Liability Company's Name
The ABA Group LLC.

2. Principal Office Address	**3.** Mailing Office Address
46 North Washington Blvd	
Suite, Apt. #, etc.: Suite 21	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State
Zip: 34236 Country	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 7/24/02

6. FEI Number: 30-0098346 ☐ 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: Edwin M. Boyer
Street Address (P.O. Box Number is Not Acceptable): 46 North Washington Blvd
Suite, Apt. #, Etc.: Suite 21
City: Sarasota | State: FL | Zip Code: 34236

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 4/29/04

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
Man. Member	Edwin M. Boyer, Esq.	46 N. Washington Blvd, Suite 21	Sarasota, FL 34236
Member	Mary Alice Jackson, Esq.	46 N. Washington Blvd, Suite 21	Sarasota, FL 34236
Member	Robert A. Jackson, Esq.	46 N. Washington Blvd, Suite 21	Sarasota, FL 34236

REINSTATEMENT 2003-04

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 4/29/04 Daytime Phone # (941) 365-2364

Typed or printed name of signing Managing Member/Manager: Edwin Boyer, Managing Member