

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 12 AM 9:19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000019855

1. Limited Liability Company's Name

Bomarc Consulting Group, LLC

2. Principal Office Address

2436 Key Largo Ln

Suite, Apt. #, etc.

3. Mailing Office Address

2436 Key Largo Ln

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/05/2002

6. FEI Number

550790240

☒ 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

Robert Hopwood

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

2436 Key Largo Ln

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312

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

Robert Hopwood

REGISTERED AGENT MUST SIGN

Date 12/3/06

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
Pres.	Robert Hopwood	2436 Key Largo Ln	Ft. Lauderdale, FL 33312

REINSTATEMENT 04-06

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

Robert Hopwood

Date 12/3/06

Daytime Phone # (954)675-8747

Typed or printed name of signing Managing Member/Manager Robert Hopwood