C02000022743

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ARIAS TOVAR & ASSOCIATES, P.A.
Account Number : I20000000125
Phone : (954)385-2284
Fax Number : (954)385-8864

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

THE STRATEGIC GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022743

1. Limited Liability Company's Name

THE STRATEGIC GROUP, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2250 NW 136TH AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL	City & State
Zip: 33028 Country: BROWARD	Zip Country

4. State/Country of Formation: FL/BROWARD

5. Date Organized or Qualified To Do Business in Florida: SEP 3, 2002

6. FEI Number: 061647238 ☐ 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: ILEANA ARIAS TOVAR, ESQ.

Street Address (P.O. Box Number Is Not Acceptable): 2250 NW 136TH AVENUE

Suite, Apt. #, Etc.

City: PEMBROKE PINES State: FL Zip Code: 33028

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date MAY 10, 2007

REGISTERED AGENT MUST SIGN

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	ANTONIO ARIAS	16744 NW 9TH STREET	PEMBROKE PINES, FL 33028

REINSTATEMENT
05,06,07

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 May 10 2007 Daytime Phone # (954) 385-2284

Typed or printed name of signing Managing Member/Manager ANTONIO ARIAS

(H07000128983)