

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
03 DEC - 2 AM '03

DOCUMENT # L02000025496

1. Limited Liability Company's Name

FMG Ventures, LLC

REINSTATEMENT 2003

300023667523
10/09/03--01054--001 **150.00

2. Principal Office Address

1940 Northgate Boulevard

3. Mailing Office Address

1940 Northgate Boulevard

Suite, Apt. #, etc.

B-2

Suite, Apt. #, etc.

B-2

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34234

Country

Sarasota

Zip

34234

Country

Sarasota

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/27/2002

6. FEI Number

02-0645082

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

Friedland, Ralph L ESQ.

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 100

City

Sarasota

State
FL

Zip Code
34241

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

Ralph L Friedland

Date 10/28/03

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
MGRM	JOHN MITCHELL	1940 NORTHGATE BLVD SARASOTA FL 34234	
MGRM	CHRIS FICKY	1940 NORTHGATE BLVD SARASOTA FL 34234	

REINSTATEMENT

2003

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

John Mitchell

Date 10/1/2003

Daytime Phone #

Typed or printed name of signing Managing Member/Manager