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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT #
Limited Liability Company's Name
Private Asset Management Group, LLC

1. Principal Office Address - No P.O. Box #
5036 Dr. Phillips Blvd #282
Orlando FL 32819

2. Mailing Office Address
SAME

City & State
Orlando FL

City & State
Orlando Florida

Zip 32819 **Country** USA

Zip 32819 **Country** USA

CR7E0111141

4. State/Country of Formation
USA

5. Date Organized or Qualified To Do Business in Florida
9/19/2002

6. FEI Number 13-4213990 **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
Augusta Benter

Street Address (P.O. Box Number is Not Acceptable) Suite
1223 East Concord Street

City Orlando **State** FL **Zip Code** 32803

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [Signature] **Date** 2/11/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
CEO	Reginald Berthoume	5036 Dr. Phillips Blvd #282	Orlando FL 32819
VP	Diana Berthoume	5036 Dr. Phillips Blvd #282	Orlando FL 32819
VP	Tiffany Broyles	5036 Dr. Phillips Blvd #282	Orlando FL 32819

11. E-mail Address Rberth @ Aol. Com

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

[Signature] 422 718 8844