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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

1. DOCUMENT # L02000026190

Name and Mailing Address

0003614 01 AT 0.292 **AUTO T5 0 0615 32809-467725

PRIVATE ASSET MANAGEMENT GROUP, L.L.C.
6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 100
ORLANDO FL 32809-4677

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 09/18/2002

Principal Place of Business
6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 100
ORLANDO FL 32809

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 13-4213990 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED X $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

BENITEZ, AGUSTIN R
1223 EAST CONCORD STREET
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

100024566890
-11/10/03--01075--008 **105.00

City FL Zip Code

10. 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 [signature] Date 10/31/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BERTHIAUME, REGINALD	6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 100	ORLANDO FL 32809
MGR	HARWELL, SCOTT	6220 South Orange Blossom Trail Suite 100	Orlando, FL 32809
		100024515721 11/07/03 01072 001 50.00	
		REINSTATEMENT 03 CUS dcc	

12. 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 SIGNATURE REQUIRED Date 10/24/2003 Daytime Phone # 407-582-9222

Typed or printed name of signing Managing Member/Manager Reginald Berthiaume