

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000028093

1. Limited Liability Company's Name

The MullanGroup LLC

2. Principal Office Address - No P.O. Box #

3651 Bali Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3651 Bali Lane

Suite, Apt. #, etc.

City & State

Estero, FL

City & State

Estero, FL

Zip

33928

Country

USA

Zip

33928

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10/22/2002

6. FEI Number

522382005

☐ 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

Daniel P. Mullan

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

3651 Bali Lane

Suite, Apt. #, Etc.

City

Estero

State

FL

Zip Code

33928

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

REGISTERED AGENT MUST SIGN

Date **08/03/2010**

REINSTATEMENT

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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	Daniel P. Mullan	3651 Bali Lane	Estero, FL 33928
MGRM	Stephen E. Densing	20781 Country Walk Way	Estero, FL 33928
MGRM	Kimberly A. Mullan	3651 Bali Lane	Estero, FL 33928

11. E-mail Address: **imgadvisors@yahoo.com**

(To be used for future annual report notifications)

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

Date **08/03/2010**

Daytime Phone #

239-292-9357

Typed or printed name of signing Managing Member/Manager **Daniel P. Mullan**