

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAR -4 PM 3:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT #

L026000 30173

1. Limited Liability Company's Name

Niche Realty Group, LLC

2. Principal Office Address

5305 3rd St. West

Suite, Apt. #, etc.

3. Mailing Office Address

6908 Kimberlynn Cr.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Sarasota FL

Zip

34203

Country USA

Zip

34243

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ 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

Jason E Reynolds

03/04/04--01064--001 \*\*230.00

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

5305 3rd St West

03/04/04--01064--001 \*\*230.00

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

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

3/2/04

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
Pres	Theodore R. Weigel	6908 Kimberlynn Circle Sarasota, FL 34243	Sarasota, FL 34243
	Jason E. Reynolds 5305 3rd St. West	5305 3rd St West Bradenton, FL 34203	Bradenton, FL 34203

**REINSTATEMENT**

2003-04

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

T.R. Weigel

Date

3/02/04

Daytime Phone #

941-812-6130

Typed or printed name of signing Managing Member/Manager

Theodore R. Weigel

CR2E041 (10/02)