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
04 JUL 23 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L02000033837

Name and Mailing Address

0015115 01 AB 0.301 **AUTO T6 3 0615 34471-870702

THE LYDIAN GROUP, LLC
602 S.E. 36TH LANE
OCALA FL 34471-8707

700026043077
01/06/04--01005--001 **100.00

7/23

CR2E034 (7/03)

2. New Mailing Address: PO Box 1027

City, State, Zip: Ocala, Fl 34478

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/17/2002

~~Principal Place of Business~~: 602 S.E. 36TH LANE, OCALA FL 34471

~~3. New Principal Place of Business Address~~

City, State, Zip

6. FEI Number: 200657319 — 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	9. Name and Address of New Registered Agent
KLEIN, H. RANDOLPH 333 N.W. 3RD AVENUE OCALA FL 34475	Name: Cynthia C. Slack Street Address (P.O. Box Number is Not Acceptable): 1024 E. Silver Springs Blvd City: Ocala FL Zip: 34478

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] — REGISTERED AGENT MUST SIGN — Date 12/29/03

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
MGRM	Fred Siyuty	602 SE 36th Lane	Ocala, Fl 34471
MGRM - Managing Member		Ocala, Fl 34471	700026043077 01/06/04--01005--002 **50.00
			700026043077 08/06/04--01070--006 **50.00

REINSTATEMENT 2003 2004

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] — Date 12/28/03 — Daytime Phone # 352-622-1027

Typed or printed name of signing Managing Member/Manager: Fred Siyuty, Managing Member