

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

04 FEB -9 PM 1:50

1. DOCUMENT # L02000034727

Name and Mailing Address

0010393 01 AT 0.292 \*\*AUTO H8 0 0615 33840-051111



3M GROUP, LLC  
PO BOX 511  
EATON PARK FL 33840-0511



2. New Mailing Address

City, State, Zip

Principal Place of Business

1925 BARTOW ROAD  
LAKELAND FL 33813

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

12/23/2002

6. FEI Number

56-2309371

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

MCVAY, JOHN C JR  
1925 BARTOW ROAD  
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)  
400028408214

02/09/04--01038--004 \*\*200.00

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]*  
REGISTERED AGENT MUST SIGN

Date 2-3-04

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	MCVAY, JOHN C JR	1925 BARTOW ROAD	LAKELAND FL 33813

REINSTATEMENT

03-04  
da

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]*  
SIGNATURE REQUIRED

Date 2-3-04

Daytime Phone 863-712-9932

Typed or printed name of signing Managing Member/Manager