

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2006 AUG - 1 AM 10: 57

CR2E041 (8/05)

DOCUMENT # L0300000 9858

1. Limited Liability Company's Name

THE PRESERVE GROUP, LLC

2. Principal Office Address

989 TAMiami TR.

Suite, Apt. #, etc.

3. Mailing Office Address

989 TAMiami TR

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

City & State

PORT CHARLOTTE

Zip

33953

Country

CHARLOTTE

Zip

33953

Country

CHARLOTTE

4. State/Country of Formation

FLORIDA / CHARLOTTE

5. Date Organized or Qualified  
To Do Business in Florida

3-19-03

6. FEI Number

20-1082635

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

McKINLEY, MICHAEL R

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

21175 OLEAN BLVD

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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 3-22-06

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
President	DEGROSS, Dean R	4211 EAGLE NEST CT	PORT CHARLOTTE 33948
			800078378518 08/04/06--01040--013 **180.00
			800078378518 08/04/06--01040--014 **25.00

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

Date

3-22-06

Daytime Phone #

941/629-8600

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2006

ATTN: IRENE KROMM  
THE PRESERVE GROUP, LLC  
989 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

SUBJECT: THE PRESERVE GROUP, LLC  
Ref. Number: L03000009858

We have received your document for THE PRESERVE GROUP, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of correction must be filed within 30 business days of the original file date. The articles of organization were filed on 3/19/03.

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 806A00020959

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE PRESERVE GROUP, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attn: Irene Kromm  
(Name of Person)

THE PRESERVE GROUP, LLC  
(Firm/Company)

989 TAMiami TRAIL  
(Address)

PORT CHARLOTTE, FL 33953  
(City/State and Zip Code)

For further information concerning this matter, please call:

Irene at (941) 629-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy