

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 JUL -6 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000237181900

07/06/12--01021--009 **516.25

CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000023792

1. Limited Liability Company's Name

The Taylor Group, LLC

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

4802 S. FLORIDA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4802 S. FLORIDA AVE

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33813

Country

USA

Zip

33813

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

June 30, 2003

6. FEI Number

412101378

☐ 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 **TAYLOR, LISA M**

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

1804 BEDIVERE

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

E-mail Address:

tcampbell@clarkcampbell-law.com
(To be used for future annual report notices)

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

Date

7-5-12

REGISTERED AGENT MUST SIGN

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
MGRM	Lisa M. Taylor	1804 BEDIVERE	LAKELAND FL 33813 US

REINSTATEMENT

10-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **July 5, 2012**

Daytime Phone #

863-646-8440

Typed or printed name of signing Managing Member/Manager **Lisa M. Taylor**