2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:04

DOCUMENT # L03000030515

1. Entity Name
ROBERT DOUGLAS GROUP, LLC

Principal Place of Business	Mailing Address
2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410	2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410

02212006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
301 S. Grady Avenue Suite, Apt. #, etc.	112 High Street Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Mount Holly, NJ
Zip: 33609 Country: USA	Zip: 08060 Country: USA

4. FEI Number 20-0162883 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A. 701 U.S. HIGHWAY ONE, STE. 402 NORTH PALM BEACH, FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3/8/06
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SILCOX, ROBERT C 240 HIGH STREET MOUNT HOLLY, NJ 08060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BREEN, J. DOUGLAS 23 PLEASANT HILL RD PRINCETON, NJ 08540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100069052431 03/30/06--01044--010 **205.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Robert C. Silcox, MRGM 2-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #