

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -8 AM 10:53

DOCUMENT # L03000056417

1. Limited Liability Company's Name
THE WILKINS GROUP, LLC

2. Principal Office Address

4404 FERNCREFT AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/29/03

6. FEI Number

42-1614861

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

MICHAEL KNOX

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

701 S. HOWARD AVE.

Suite, Apt. #, Etc.

SUITE 203

City

TAMPA

State

FL

Zip Code

33606

REINSTATEMENT 04-05

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

[Signature]

Date **11/1/2005**

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 |
|-------------|--------------------------------------|---|------------------------|
| PRES | JOHN WILKINS | 4404 FERNCREFT AVE | TAMPA, FL 33609 |
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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

[Signature]

Date

11/1/05

Daytime Phone #

813-220-5532

Typed or printed name of signing Managing Member/Manager

JOHN WILKINS