Sep 19 08 04:20p

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000011382

1. Limited Liability Company's Name
Butterfly Investment Group, LLC

09/28/06--01043--022 **100.00

CR2E041 (8/05)

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 773 S. Kirkman Rd. | | 10208 Ambiance Way | |
| Suite, Apt. #, etc. Suite 118 | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State Franklin, TN | |
| Zip 32811 | Country Orange | Zip 37067 | Country U.S. |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/12/2004

6. FEI Number: 20-0724982 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Small Business Resources USA, Inc.

Street Address (P.O. Box Number is Not Acceptable): 773 S. Kirkman Rd.

Suite, Apt. #, Etc.: Suite 118

City: Orlando | State: FL | Zip Code: 32811

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: James P. Pierce — REGISTERED AGENT MUST SIGN — Date: 09/19/2006

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | Jennifer Pierce | 10208 Ambiance Way | Franklin, TN 37067 |
| | | | |
| | | | |
| | | | |
| | | REINSTATEMENT 05-06 | |
| | | | |

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 608.408, 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: Jennifer P. Pierce — Date: 09/18/2006 — Daytime Phone #: 615-419-2280

Typed or printed name of signing Managing Member/Manager: Jennifer Pierce, MGRM — *Did not receive proper notice for reinstatement