

Sep 19 06 04:20p

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:14

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000011382

1. Limited Liability Company's Name

Butterfly Investment Group, LLC

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

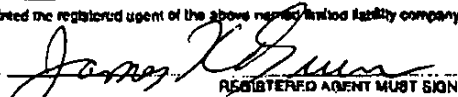
2. Principal Office Address 773 S. Kirkman Rd. Suite, Apt. #, etc. Suite 118 City & State Orlando, FL Zip 32811		3. Mailing Office Address 10208 Ambiance Way Suite, Apt. #, etc. City & State Franklin, TN Zip 37067		4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 02/12/2004	
				6. FEI Number 20-0724982	
				7. CERTIFICATE OF STATUS DESIRED ☐ SEE INSTRUCTIONS FOR REINSTATEMENT	

CR2ED41 (8/05)

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 118City
OrlandoState
FLZip 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 606, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

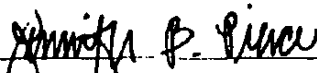
Date 09/19/2006

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	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 in Chapter 606, 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

Date 09/18/2006

Daytime Phone # 815-419-2280

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