L04000037780

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LIMITED LIABILITY REINSTATEMENT

FALKIRK GROUP, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/07) 06-07

DOCUMENT # L04000037780

1. Limited Liability Company's Name
FALKIRK GROUP, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1876 N. UNIVERSITY DR	1876 N. UNIVERSITY DR.
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: SUITE 201
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33322 County: BROWARD	Zip: 33322 County: BROWARD

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To do Business in Florida: 5/18/2004

6. FEI Number: 201195332 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: LINDA MCBRIDE

Street Address (P.O. Box Number is Not Acceptable): 1876 N. UNIVERSITY DR.

Suite, Apt. #, Etc.: SUITE 201

City: PLANTATION State: FL Zip Code: 33322

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: 10/3/07 LS

REGISTERED AGENT MUST SIGN

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
Mgr	EDWARD G. CATSOS	6401 N. OCEAN DR. #403	HOLLYWOOD, FL 33019
Mgr	LINDA J. MCBRIDE	9520 NW 20CT.	SUNRISE, FL 33313
Mgr	MARY E. CANFIELD	9301 SW 30TH TERR.	FT. LAUDERDALE, FL 33312

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 608.508, 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: 10/3/07 Daytime Phone #: 954-709-7563

Typed or printed name of signing Managing Member/Manager: LINDA MCBRIDE