PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 09 AUG 18 AM 8: 37 DOCUMENT # LOHOOOG48983 1. Limited Liability Company's Name 700158961307 07/28/09--01007--003 **377,50 The MULBERRY GROUP, LLC CR2E041 (12/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4. State/Country of Formation FLORID 5. Date Organized or Qualified To Do Business in Florida City & State City & State 6. FEI Number... Not Applicable Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except NRAI Services, Inc. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 2731 Executive Park Drive box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 Suite 4 reinstatement be waived." City State Zip Code Weston 33331 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. NRA Services, Inc. / Signature of Registered Agent D 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip **700158961307** 08/21/09--01018--001 **1 REINSTATEMENT 2007-11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when fill 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 received 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. Daytime Phone # 9736072100

Signature of

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager