

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # **L04000079170**

1. Limited Liability Company's Name

THE COOPER GROUP, LLC

2. Principal Office Address - No P.O. Box #

5300 OCEAN BLVD

Suite, Apt. #, etc.

904

City & State

SARASOTA FL

Zip

34242

Country

USA

3. Mailing Office Address

5300 OCEAN BLVD

Suite, Apt. #, etc.

904

City & State

SARASOTA FL

Zip

34242

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

10/20/2004

6. ~~EMPLOYER I.D. #~~

20-1765766

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

ANDREW H. COOPER

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

5300 OCEAN BLVD

Suite, Apt. #, Etc

UNIT 904

City

SARASOTA

State

FL

Zip Code

34242

E-mail Address:

ROSSPFINGSTEN@MINDSPRING.COM

(To be used for future annual report notices)

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 **SEPT. 9, 2011**

REGISTERED AGENT MUST SIGN

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
MGR	ANDREW H. COOPER	5300 OCEAN BLVD # 904	SARASOTA FL 34242
			200212346852 09/20/11-01021-007 **500.00
			200212346852 09/20/11-01021-008 **21.25

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager

[Signature]

Date **9.8.11** Daytime Phone # **941 735 4490**

Typed or printed name of signing Managing Member/Manager

THE COOPER GROUP, LLC

September 8, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please find enclosed forms and for the reinstatement and amendment of THE COOPER GROUP, LLC., and its simultaneous amendment to THE COOPER GROUP II, LLC.

Due to an oversight by our registered agent/attorney, the company was administratively dissolved in 2009 for failure to file its annual report.

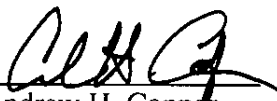
However, when I sought to reinstate the company I determined that the name "The Cooper Group" was now in use by a different entity. Thus, when I enquired as to what I should do I was informed that I would have to simultaneously file both a reinstatement form and an Amendment form and pay the outstanding charges.

As such, I am seeking both reinstatement and Amendment at the same time such that "The Cooper Group, LLC" will become "The Cooper Group II, LLC" and the latter will be reinstated.

I attach the completed forms for both reinstatement and amendment as well as the correct fees (\$55 for the Amendment and \$521.25 for the reinstatement).

I hope these forms are completed to your satisfaction but if they are not, I would ask that you contact me at 941.735.4490.

Sincerely,



Andrew H. Copper
For The Cooper Group, LLC
and The Cooper Group II, LLC