

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -6 PM 2:59

DOCUMENT # L04000077512

1. Limited Liability Company's Name

Peloton Group, LLC

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

640 Brooker Creek Blvd

Suite, Apt. #, etc.

Suite 410

City & State

Oldsmar, FL

Zip

34677

Country

US

3. Mailing Office Address

640 Brooker Creek Blvd.

Suite, Apt. #, etc.

Suite 410

City & State

Oldsmar, FL

Zip

34677

Country

US

CR2E041 (1/07)

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida

10/25/2004

6. FEI Number

202518315

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

JOAN KEENAN

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

640 Brooker Creek Blvd

Suite, Apt. #, Etc.

Suite 410

City

Oldsmar

State

FL

Zip Code

34677

☒ 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.

name-let

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]

REGISTERED AGENT MUST SIGN

Date

10/29/2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRP	BRADSHAW, JAMES	227 Highland Woods Dr.	SAFETY HARBOR, FL 34695
MGRP	Reagan, Peter	92 Beach St.	Chassett MA 02025
P	Cammik, Peter	2430 Coffee Pot Blvd.	Saint Petersburg, FL 33709
P	BLACKMAN, JAMES	65 Bigelow Dr.	Killington, VT 05751
			400111560454 11/01/07 01004-010 **105.00 WOP 2006-2007

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.

Signature of
Managing Member/Manager

[Signature]

Date

10.30.7

Daytime Phone #

781 424 7696

Typed or printed name of signing Managing Member/Manager

Peter Reagan