
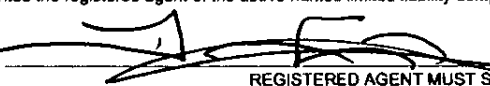



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000114295			
1. Limited Liability Company's Name Bloomsbury Investment Group, LLC			
2. Principal Office Address - M.F.C. Box # 2401 BAYSHORE BLVD Suite, Apt. #, etc. 509 City & State TAMPA FL Zip 33629 Country US		3. Mailing Office Address 2401 BAYSHORE BLVD Suite, Apt. #, etc. 509 City & State TAMPA FL Zip 33629 Country US	
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 11/30/2005	
6. FEI Number 203875635		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name DARREN GREEN Street Address (P.O. Box Number is Not Acceptable) 2401 BAYSHORE BLVD Suite, Apt. #, Etc. 509 City TAMPA State FL Zip Code 33629			
<input type="checkbox"/> 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  Date 10/21/2009 REGISTERED AGENT MUST SIGN			
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
MMBR	DARREN GREEN	2401 BAYSHORE BLVD#509	TAMPA FL 33629
MMBR	JASON MOORE	2401 BAYSHORE BLVD#509	TAMPA FL 33629
REINSTATEMENT 2007-09			
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  Date 10/21/09 Daytime Phone # 813 995 4248 Typed or printed name of signing Managing Member/Manager DARREN GREEN			