

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 DEC 23 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FL

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000067781

1. Limited Liability Company's Name

FUMO GROUP, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1929 NW 169th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 1929 NW 169th Ave. Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33028	Country US	Zip 33028	Country US

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 07/06/06	
6. FEI Number 20-5152984	Applied For 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 Maria Fumo-Witchie	
Street Address (P.O. Box Number is Not Acceptable) 1929 NW 169th Avenue	
Suite, Apt. #, Etc.	
City Pembroke Pines	State FL
	Zip Code 33028

☒ 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 12/15/08
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
1570	Maria Fumo-Witchie	1929 NW 169th Avenue	Pembroke Pines, FL 33028
			400139175194 12/19/08--01045--014 **138.75
			800139175238 12/19/08--01045--015 **138.75

REINSTATEMENT
2007-08

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 12/15/08 Daytime Phone # 954-431-2357
Typed or printed name of signing Managing Member/Manager Maria Fumo-Witchie	