

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

09 NOV 13 PM 4:07

DOCUMENT # L06000069542

1. Limited Liability Company's Name

The Origine Group, LLC

500162490185
11/04/09--01024--011 **377.50
CR2E041 (10/08)

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

16025 Bristol Lake Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

USA

3. Mailing Office Address

16025 Bristol Lake Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 7/13/2006

6. FEI Number

651284922

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

David Chilton

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

16025 Bristol Lake Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

☐ 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

David E. Chilton

Date 10/28/2009

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
MGRM	David E. Chilton	16025 Bristol Lake Circle	Orlando, FL 32828
MGRM	Wendy L. Chilton	16025 Bristol Lake Circle	Orlando, FL 32828

REINSTATEMENT 2008, 2009

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

David E. Chilton

Date 10/28/2009

Daytime Phone # 407-489-6959

Typed or printed name of signing Managing Member/Manager David E. Chilton

T. Hampton NOV 16 2009