

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 21 PM 12:35
TALLAHASSEE, FL

DOCUMENT # LE06000078241

1. Limited Liability Company's Name

MBA Group LLC

CR2E041 (10/08)

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

1211 N. Westshore Blvd

Suite, Apt. #, etc.

Ste 416

City & State

Tampa, FL

Zip

33607

Country

Hillsborough

3. Mailing Office Address

Ste 416 1211 N. Westshore

Suite, Apt. #, etc.

Ste 416

City & State

Tampa, FL

Zip

33607

Country

Hillsborough

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Aug 8th 2006

6. FEI Number

20-5343505

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

Michael Knox

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

405 Central Avenue

Suite, Apt. #, Etc.

100

City

St. Petersburg

State

FL

Zip Code

33

☒ Print

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

Michael A. Knox

REGISTERED AGENT MUST SIGN

Date 10/10/08

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
MGR	Levinski D. Barnes	1211 N. Westshore Blvd	Tampa, FL 33607

300137093963
10/20/08--01068--013 **278.00

REINSTATEMENT
2007-08

11. I certify that I am managing member/manager of 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 10/10/08

Daytime Phone # 813-322-3232

Typed or printed name of signing Managing Member/Manager