

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUL 22 AM 8:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # L06000078307

1. Limited Liability Company's Name

OPUS GROUP, LLC

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

4216 Vineyard Circle

Suite, Apt. #, etc.

3. Mailing Office Address

4216 Vineyard Circle

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33332

Country

USA

Zip

33332

Country

USA

10-13

CR2E041 (1/11)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/09/2006

6. FEI Number

205346181

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

Law Office of Buckley Correa

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

1820 N. Corporate Lakes Blvd.,

Suite, Apt. #, Etc.

Suite 104

City

Weston

State

FL

Zip Code

33332

E-mail Address:

700250019037
07/22/13--01051--001 **\$655.00

(To be used for future annual report notices)

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

Enrique Lenis
REGISTERED AGENT MUST SIGN

Date 6/28/2013

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	Enrique Lenis	4216 Vineyard Circle,	Weston, Florida 33332

JUL 22 2013

S. PRATHER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Enrique Lenis

Date 6/28/2013

Daytime Phone # 9542173017

Typed or printed name of signing Managing Member/Manager Enrique Lenis