

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG 15 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000094752

1. Limited Liability Company's Name

Fidelity Lending Group LLC

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

1272 Stonehedge Tr Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Saint Augustine

City & State

Zip

32092

Country

US

Zip

Country

REINSTATEMENT 1109-12

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

09-25-2009

6. FEI Number

20-5608776

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

Kevin Alsup

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

1272 Stonehedge Tr Ln

Suite, Apt. #, Etc.

City

Saint Augustine

State

FL

Zip Code

32092

E-mail Address:

700238546837
08/16/12--01001--001 **680.00

kalsup2@gmail.com

(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

Date 8-12-12

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	Kevin Alsup	1272 Stonehedge Tr. Ln.	Saint Augustine Fl. 32092
mgrm	George Stone	1623 Charon Rd.	Jacksonville Fl. 32205

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

Date 08/12/2012

Daytime Phone # 904-993-1807

Typed or printed name of signing Managing Member/Manager Kevin Alsup