PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| (| TED LIABILITY COMPANY NSTATEMENT | | | DEPAR Secretar ISION OF C | y of S | | | | DIVISION OF COR 08 OCT 29 PM | D Nestari Posarion: I: 28 | |
|---|--|-------------------|----------------------|---|-------------------------|----------------------|-------|---|--|---|--|
| 1. Limited | UMENT # Liability Company's Na CK SOLID IN | | NT GRO | OUP L | LC | ļ | 3 | INSTA | TEMENT 🗂 | | |
| 5195 SW 157TH AVENUE 5195 SW | | | | Office Address 157TH AVENUE | | | | CR2E041 (10/08) 4. State/Country of Formation FLORIDA | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | etc. - · | | | ŀ | .5. Date Organized or Qualified To Do Business in Florida 09/14/2007 | | | |
| City & State MIRAMAR, FLORIDA City & State MIRAMA | | | | R, FLORIDA | | | 1 | 8. FEI Niimha 20-589814 | Applied For | | |
| ^{Žip} 33027 | Country USA | | Zip 33027 | | Cour | Country 7. CERT | | | Not Applicab | | |
| | 8. Nan | ne and Address of | Current Regis | tered Age | nt | + | 7 | | | | |
| Name ROBERT STARLING III Street Address (P.O. Box Number is Not Accentable) 5195 SW 157TH AVENUE | | | | | | | | 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 | | | |
| City MIRAMAR | | | | | State Zio Code FL 33027 | | | not received and requesting the \$100 reinstatement be waived. | | | |
| 9. I, bein Signature Registered | g appointed the registere of Agent | rut (| Strat GISTERED AG | ENT MUST | mpany | | nd ad | ccept the obligation | tions of Chapter 608, F.S. 10/23/2008 13732642 | 2구 *277.50 | |
| | nes and Street Addresse | | bers/Managers | ; r ···· | | Street Address of Fa | | | | | |
| Titles | Name of Managing Members/Managers | | | Street Address of Each Managing Member/Manager | | | er | City / St | ate / Zip | | |
| MGR | ROBERT STARLING III | | | 5195 SW 157TH AVENUE | | | | | MIRAMAR, FL 330 | 27 US | |
| MGR | VERNA STARLING | | | 2310 CORONADA WAY SOUTH | | | | JTH | ST PETERSBURG, FL 33712 US | | |
| MGR | ANGEL STARLING | | | 2310 CORONADA WAY SOUTH | | | | JTH | ST PETERSBURG, FL 33712 US | | |
| MGR | CARLOS LEWIS | | | 4071 SW 147TH AVENUE | | | | | MIRAMAR, FL 33027 US | | |
| MGR JUANA LEWIS | | | | 4071 SW 147TH AVENUE | | | | | MIRAMAR, FL 33027 US | | |
| | | | | | | | | | | | |

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 tees 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. 754-204-0533

Managing Member/Manager

Date_10/23/2008