

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 JUL 23 PM 3:22

DOCUMENT # L07000000764

1. Limited Liability Company's Name
~~M. Olsen Group LLC~~

Olsen Group LLC

800329949418
05/23/19--01027--003 **1765.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1515 S. Federal Hwy.

3. Mailing Office Address
1515 S. Federal Hwy.

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.
208

City & State
Boca Raton, FL

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Boca Raton, FL

Zip Country
33432 USA

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33432 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 01/03/2007

6. FEI Number
20-8210607

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
Matthew R. Olsen

Street Address (P.O. Box Number is Not Acceptable) Suite,
11701 Highland Place

Apt. #, Etc.

City
Coral Springs

State Zip Code
FL 33071

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 05/07/2019

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	Matthew R. Olsen	11701 Highland Place	Coral Springs, FL 33071

REINSTATEMENT

2008-2019

11. E-mail Address: matt.olsen@nm.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Matthew R. Olsen

Date 05/07/2019

Daytime Phone # (954) 815-6532

Typed or printed name of signing authorized representative/member