

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL -7 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000024357

1. Limited Liability Company's Name

The Majestic Group, LLC

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

13420 NW 7TH Avenue

State, Apt. #, etc.

City & State

North Miami, FL

Zip

33168

Country

USA

3. Mailing Office Address

13420 NW 7TH Avenue

State, Apt. #, etc.

City & State

North Miami, FL

Zip

33168

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

3/5/2007

6. FEI Number

267084131

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

Jeffy Mondesir

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

13420 NW 7TH Avenue

Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33168

600274760726
07/07/15--01014--013 **\$16.25

REINSTATEMENT 2013-2015

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

7/2/2015

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
MGR	Jeffy Mondesir	13420 NW 7 TH Avenue	North Miami, FL 33168
MGR	Lee Mondesir	331-8 Ives Dairy Rd	MIAMI, FL 33179
MGR	Ralph Colimon	1703 NE 141 Street	North Miami, FL 33181

11. E-mail Address

MajesticGroupEvents@gmail.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

Date

7/2/2015

Daytime Phone #

7869707403

Typed or printed name of signing authorized representative/member