

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 31 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000078109

1. Limited Liability Company's Name

THE THIRKIELD GROUP, LLC

300199978179
03/31/11--01010--021 **521.25 KS

REINSTATEMENT

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

2251 NW 77 WAY

Suite, Apt. #, etc.

201

City & State

PEMBROKE PINES FL 33024 US

Zip

33024

Country

US

3. Mailing Office Address

2251 NW 77 WAY

Suite, Apt. #, etc.

201

City & State

Pembroke Pines, FL

Zip

33024

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified

To Do Business in Florida 07/30/07

6. FEI Number

☒ 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

Carlton Branker

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

2251 NW 77 WAY

Suite, Apt. #, Etc.

201

City

Pembroke Pines

State

FL

Zip Code

33024

E-mail Address:

cbranker@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 3-31-11

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
Mgr	Benjamin Crump	240 N. Magnolia Drive	Tallahassee, FL 32301
Mgr	Carlton Branker	2251 NW 77 WAY, Ste 201	Pembroke Pines, FL 33024

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 3-31-11

Daytime Phone # (850) 222-3333

Typed or printed name of signing Managing Member/Manager

Benjamin L. Crump