PLEASE READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FEEASE READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS TOTAL		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	DIVISION OF CORPORATIONS 10 APR 20 AM # 06
DOCUMENT # LO7000125927		
1. Limited Liability Company's Name STRUTECTIC Mittgertion Group, LLC		900172439829 04/20/1001044018 **277.50
PO BOX 450611		900172439829 03/17/1001937016 **138.75
Miani, FL 33245		U3/11/10==U103 ==U16 **136.13 CR2E041 (11/09)
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address PD Box 4506 11	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State/Country of Formation 12 19/67
94		Pate Organized or Qualified To Do Business in Florida
City & State Miam: Beach	Micani, A 33245	6. FEI Number Applied For Not Applicable
33139 Country 33139 Dade	Zip Country	7. CERTIFICATE OF STATUS DESIRED Tora Certificate of Status
	Current Registered Agent	ioi a certificate of otatios
Name \(\text{Name}\)		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Ingl Acceptable)		in circumstances which the entity did not receive the prior notices. By checking this
Suite, Apt. #, Etc.		box, you are certifying the prior notices were
94		not received and requesting the \$100 reinstatement be waived.
Miam Beach FL 33139		
9. 1, being appointed the registered agents the above named limited liability company, am familiar with and accept the obligations of Chapter 608. F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Each ers Managing Member/Manag	ger City / State / Zip
UP Coretta Davis 467 Lincoh Rd		#9 A Hami Beach 1923>139
REINSTATEMENT 2608 - 2010		
11. E-mail Address:		
12. 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. Signature of Managing Member/Manager Date 3/120/0 Daytime Phone # 286 -295 - 2595 Typed or printed name of signing Managing Member/Manager		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 APR 20 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 22, 2010

STRATEGIC MITIGATION GROUP, LLC P O BOX 450611 MIAMI, FL 33245

SUBJECT: STRATEGIC MITIGATION GROUP, LLC

Ref. Number: L07000125927

We have received your document for STRATEGIC MITIGATION GROUP, LLC and check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$277.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00006977