

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L08000052630

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 30 PM 2:25

DOCUMENT # **L08000052630**

1. Limited Liability Company's Name

Spearhead Group, LLC

09

PKL

CR2E041 (11/09)

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

176 NE 43 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

255 Alhambra Cr.

Suite, Apt. #, etc.

Ste: 500

City & State

Miami, FL

City & State

Coral Gables, FL

Zip

33137

Country

Zip

33134

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/28/08

6. FEI Number

41-2280047

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

ARAGON REGISTERED AGENTS INC.

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

255 Alhambra Circle

Suite, Apt. #, Etc.

Ste: 500

City

Coral Gables

State

FL

Zip Code

33134

☒ 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 not received and requesting the \$100 reinstatement be waived.

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

Amalili Jordan

Date

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 |
|-------------|--------------------------------------|---|--------------------------------------|
| MGRM | Marwan Bitar | 255 Alhambra Cr. | Coral Gables, FL 33134 |
| | | <i>PKL</i> | |
| | | | 900164050619 |
| | | | 12/30/09--01015--006 **138.75 |
| | | REINSTATEMENT | 2009 |

11. E-mail Address:

(To be used for future annual report notifications)

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

marwan Bitar

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager