

L08000052630

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

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1. Limited Liability Company's Name Spearhead Group, LLC 09

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CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 176 NE 43 ST. Suite, Apt. #, etc. City & State Miami, FL Zip 33137 Country 3. Mailing Office Address 255 Alhambra Cr. Suite, Apt. #, etc. ste: 500 City & State Coral Gables, FL 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 REGISTERED AGENT MUST SIGN Date

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, Marwan Bitar, 255 Alhambra Cr., Coral Gables, FL 33134. Includes stamp: 900164050619 12/30/09--01015--006 **138.75 and 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