

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR 26 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800195397198
02/21/11--01019--002 **238.75

CR2E041 (1/11)

DOCUMENT # L08000103223

1. Limited Liability Company's Name

Hardwired Marketing Group LLC

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

2662 SW 130th Terr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miramir FL

City & State

Zip

33027

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11.4.08

6. FEI Number

26-3754896

☐ 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

Barry Staum

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

5421 University Dr #102

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

FL

E-mail Address:

realmoneyplk@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

[Signature]

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
MGR	Peter KAHN	2662 SW 130th Terr	Miramir FL 33027

REINSTATEMENT

800195397198
04/26/11--01014--013
J. SAULSBERG
EXAMINER

APR 28 2011

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

[Signature]

Date

2/14/11

Daytime Phone #

954.415-5900

Typed or printed name of signing Managing Member/Manager