FILED
10 NOV 30 PM 3:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000004308

1. Limited Liability Company's Name

ZAGE GROUP, LLC

300188215503

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1412 PINE BAY DRIVE	1412 PINE BAY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34231 Country: US	Zip: 34231 Country: US

4. State/Country of Formation: FL/ US

5. Date Organized or Qualified To Do Business In Florida: 01-14-2009

6. FEI Number: 26-4054764 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301

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 _____ Jeanine Reynolds as its agent Date 11-30-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	DORIS GOODMAN	1412 PINE BAY DRIVE	SARASOTA FL 34231

REINSTATEMENT 2010

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 608.508, 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 Doris Goodman Date 11/23/2010 Daytime Phone # 941-927-0884

Typed or printed name of signing Managing Member/Manager DORIS GOODMAN

CSC.
CORPORATION SERVICE COMPANY®

L09000004308

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 30 PM 3:15

ACCOUNT NO. : I20000000195

REFERENCE : 591546 7686613

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : November 30, 2010

ORDER TIME : 11:03 AM

ORDER NO. : 591546-005

CUSTOMER NO: 7686613

DOMESTIC FILINGS

NAME: ZAGE GROUP, LLC

RECEIVED
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DIVISION OF CORPORATIONS
2010 NOV 30 PM 2:09
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____