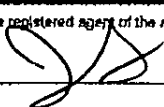
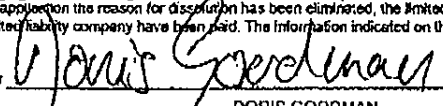


FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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PAGE 002

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					
10					
300188215503					
CR2E041 (05/10)					
2. Principal Office Address - No P.O. Box # 1412 PINE BAY DRIVE		3. Mailing Office Address 1412 PINE BAY DRIVE		4. State/Country of Formation FL/ US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 01-14-2009	
City & State SARASOTA FL		City & State SARASOTA FL		6. FEI Number 26-4054764	
Zip 34231	Country US	Zip 34231	Country US	☐ Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐				☒ \$3.00 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					
Title	Name of Managing Member/Manager	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 608.406, 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 11/23/2010 Daytime Phone # 941-927-0884	
Typed or printed name of signing Managing Member/Manager DORIS GOODMAN					



CORPORATION SERVICE COMPANY

L090000004308

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ACCOUNT NO. : I20000000195

REFERENCE : 591546 7686613

AUTHORIZATION :

COST LIMIT : \$ 238.75

[Signature]

ORDER DATE : November 30, 2010

ORDER TIME : 11:03 AM

ORDER NO. : 591546-005

CUSTOMER NO: 7686613

DOMESTIC FILINGS

NAME: ZAGE GROUP, LLC

[Signature]

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2010 NOV 30 PM 2:09

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____