

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000025466

1. Limited Liability Company's Name

Longview Group LLC

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

2123 Imperial Circle

Suite, Apt. #, etc.

City &amp; State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

9225 Gulfshore Dr. N.

Suite, Apt. #, etc.

City &amp; State

Naples, FL

Zip

34108

Country

USA

8. Name and Address of Current Registered Agent

Name

Michael D. Moore

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

9225 Gulfshore Dr. N.

Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent[Signature]

REGISTERED AGENT MUST SIGN

Date

8-26-15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MEM</u>	<u>Michael D. <del>Moore</del></u> <u>MOORE</u>	<u>2123 Imperial Circle</u>	<u>Naples, FL 34108</u>

**REINSTATEMENT**2014-  
2015**SEP - 2 2015****L. SELLERS**

11. E-mail Address

Mick@me.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date

8-26-15

Daytime Phone #

239-293-4970**FILED**

15 AUG 28 PM 4:10

STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida5. Date Organized or Qualified  
To Do Business in Florida3/16/2009

6. FEI Number

26-4777210

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a certificate of status300276552703  
08/28/15--01029--007 \*\*377.50