

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000067609

**FILED**  
**May 12, 2011**  
**Secretary of State**

**Entity Name:** THE BRIDGEOFORTH LEWIS CAPITAL GROUP, LLC

**Current Principal Place of Business:**

2811 W. MARLIN AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

224 ARANDA STREET, N.E.  
ST. PETE, FL 33704

**Current Mailing Address:**

2811 W. MARLIN AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

224 ARANDA STREET, N.E.  
ST. PETE, FL 33704

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, SAM F  
2811 W. MARLIN AVENUE  
TAMPA, FL 33611    US

**Name and Address of New Registered Agent:**

LEWIS, SAM F  
224 ARANDA STREET, N.E.  
ST. PETE, FL 33704    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAM LEWIS

05/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: LEWIS, SAM F  
Address: 224 ARANDA STREET  
City-St-Zip: ST. PETE, FL 33704

Title: VP  
Name: BARBOSA, MICHAEL  
Address: 224 ARANDA STREET  
City-St-Zip: ST. PETE, FL 33704

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL BARBOSA

VP

05/12/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date