PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 NOV 22 AM 9:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500188037885

CR2E041 (05/10)

DOCUMENT # L09000071062

1. Limited Liability Company's Name

COLLECTIVE DESIGN GROUP, LLC

10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2654 LD DONALD ROSS RD	2654 LD DONALD ROSS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARD, FL	City & State: PALM BEACH GARD, FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07/23/2009

6. FEI Number ☐ 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 STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301

MK

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: Lamont W Jones, Assistant VP Date: 11/22/10

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
member	DANIEL E. CALDAS	2654 LD DONALD ROSS RD	PALM BEACH GARD, FL 33410

REINSTATEMENT 2010

11. E-mail Address: dan_lerman@Hotmail.com
(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: 11-06-2010 Daytime Phone #: 561-801-1508

Typed or printed name of signing Managing Member/Manager

CSC

CORPORATION SERVICE COMPANY

L09000071062

ACCOUNT NO. : I20000000195

REFERENCE : 584505 7717787

AUTHORIZATION :

COST LIMIT : $238.75

ORDER DATE : November 19, 2010

ORDER TIME : 2:29 PM

ORDER NO. : 584505-005

CUSTOMER NO: 7717787

DOMESTIC FILINGS

NAME: COLLECTIVE DESIGN GROUP, LLC

RECEIVED
10 NOV 22 PM 4:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
10 NOV 22 AM 9:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS