

# LO9000099641

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

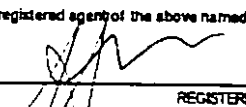
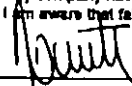
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CR2E041 (1/14)

| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS      |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT #</b> L09000099641<br>1. Limited Liability Company's Name<br><b>STATE GROUP, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                             |                                   |
| 2. Principal Office Address - No P.O. Box #<br><b>3111 N UNIVERSITY DR</b><br>Suite, Apt. #, etc.<br><b>STE 105</b><br>City & State<br><b>CORAL SPRINGS</b><br>Zip Country<br><b>33139 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 3. Mailing Office Address<br><b>3111 N UNIVERSITY DR</b><br>Suite, Apt. #, etc.<br><b>STE 105</b><br>City & State<br><b>CORAL SPRINGS</b><br>Zip Country<br><b>33139 US</b> |                                   |
| 4. State/Country of Formation<br><b>FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                             |                                   |
| 5. Date Organized or Qualified To Do Business in Florida<br><b>10/15/2009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                             |                                   |
| 6. FEI Number<br><b>27-1125993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                      |                                   |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                             |                                   |
| 8. Name and Address of Current Registered Agent<br>Name<br><b>ACCOUNTANT &amp; MANAGEMENT, INC.</b><br>Street Address (P.O. Box Number is Not Acceptable) Suite<br><b>1549 NE 123RD ST</b><br>Apt. #, Etc.<br>City State Zip Code<br><b>NORTH MIAMI FL 33161</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                             |                                   |
| 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.<br>Signature of Registered Agent  Date <b>05/14/2019</b><br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                             |                                   |
| 10. Names and Street Addresses of Authorized Representatives/Managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                             |                                   |
| Titles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name of Authorized Representative/Managers | Street Address of Each Authorized Representative/Manager                                                                                                                    | City / State / Zip                |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MONTI, OSCAR</b>                        | <b>LAVELLE 887, 2500 CANADA DE GOMEZ</b>                                                                                                                                    | <b>SANTA FE, ARGENTINA AR</b>     |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>BAEZ, MARIA E</b>                       | <b>LAVELLE 887, 2500 CANADA DE GOMEZ</b>                                                                                                                                    | <b>SANTA FE, ARGENTINA AR</b>     |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MONTI, ANDRES</b>                       | <b>LAVELLE 887, 2500 CANADA DE GOMEZ</b>                                                                                                                                    | <b>SANTA FE, ARGENTINA AR</b>     |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MONTI, MARILINA</b>                     | <b>LAVELLE 887, 2500 CANADA DE GOMEZ</b>                                                                                                                                    | <b>SANTA FE, ARGENTINA AR</b>     |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MONTI, DANILO</b>                       | <b>LAVELLE 887, 2500 CANADA DE GOMEZ</b>                                                                                                                                    | <b>SANTA FE, ARGENTINA AR</b>     |
| 11. E-mail Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                             |                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | Date <b>MAY 14<sup>TH</sup> 2019</b>                                                                                                                                        | Daytime Phone # <b>3055413980</b> |
| Typed or printed name of signing authorized representative/member <b>DANILO MONTI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                             |                                   |