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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -3 AM 9:38

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name

FR Tax Group, LLC 2011

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
675 W Indiantown Rd	675 W Indiantown Rd
Suite, Apt. #, etc. 103	Suite, Apt. #, etc 103
City & State Jupiter, Fla	City & State Jupiter, Fla
Zip / Country	Zip / Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 25 2010

6. FEI Number: 27-2941048 ☐ 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: National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

E-mail Address:
500216030015
01/04/12--01001--010 **407.50
kcaliendo@allerand.com
(To be used for future annual report notices)

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: Rose Marie Cole Date: 1-3-2012
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
MM	Richard Sabella	675 W Indiantown Rd Ste 103	Jupiter Fla 33458

REINSTATEMENT 2011-2012

11. 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. 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 Managing Member/Manager: Date: 1-3-12 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: