


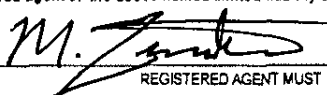

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 NOV 22 PM 3:06

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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		DOCUMENT # L12000031642 1. Limited Liability Company's Name Fairbairn Group LLC	
2. Principal Office Address - No P.O. Box # 1990 Main Street		3. Mailing Office Address 1990 Main Street		4. State/Country of Formation Florida/Sarasota County	
Suite, Apt. #, etc. Suite 750		Suite, Apt. #, etc. Suite 750		5. Date Organized or Qualified To Do Business in Florida 03/06/2012	
City & State Sarasota, FL		City & State Sarasota, FL		6. FEI Number 36-4727159	
Zip 34236	Country USA	Zip 34236	Country USA	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					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street					
Apt. #, Etc.					
City Tallahassee				State FL	Zip Code 32301
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 		Melissa Zender Asst. Vice President		Date 11/22/14	
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		
Pres	Ursula Fairbairn	1990 Main Street, Suite 750	Sarasota, FL 34236		
11. E-mail Address: ursula@fairbairngroup.com					
<small>(To be used for future annual report notifications)</small>					
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 11/21/14		Daytime Phone # 941-366-1147	
Typed or printed name of signing authorized representative/member Ursula Fairbairn					

NOV 22 2016

WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 378283 4300400
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : November 22, 2016
ORDER TIME : 12:34 PM
ORDER NO. : 378283-005
CUSTOMER NO: 4300400

DOMESTIC FILINGS

NAME: FAIRBAIRN GROUP LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

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16 NOV 22 PM 1:58
SUFFICIENCY OF FILINGS