PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000046041

1. Limited Liability Company's Name
Ferrer Law Group, LLC

500263743355
08/26/14--01030--001 **243.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2137 N. Commerc Parkway	2137 N. Commerce Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33326 Country: USA	Zip: 33336 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 04/06/2012

6. FEI Number: 455013355 ☐ 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: Lourdes E. Ferrer

Street Address (P.O. Box Number is Not Acceptable): 2317 N. Commerce Parkway

Suite, Apt. #, Etc.:

City: Weston, Florida State: FL Zip Code: 33326

FILED
14 AUG 26 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ Date AUG. 21, 2014

REGISTERED AGENT MUST SIGN

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
President	Lourdes E. Ferrer	2137 N. Commerce Parkway	Weston, Florida 33326
Vice President	Geoffrey C. Curreri	2137 N. Commerce Parkway	Weston, Florida 33326
			S. HAWKES
	REINSTATEMENT 2014		AUG 27 A.M.
			EXAMINER

11. E-mail Address: accountsmanager@ferrerlawgroup.com
(To be used for future annual report notifications)

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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date August 21, 2014 Daytime Phone # 954-651-6810

Typed or printed name of signing Authorized Representative/Manager Lourdes E. Ferrer