

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 SEP 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 412000151373

1. Limited Liability Company's Name

ENCORE MANAGEMENT GROUP LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #
800 EAST PARK AVENUE
TALLAHASSEE, FLA. 32301

3. Mailing Office Address
400 CAPITAL CIRCLE S.E.

Suite, Apt. #, etc.
Suite 18, Box 186
TALL, FLA.

Suite, Apt. #, etc.
18, Box 186

City & State
TALL, FLA.

City & State
TALL, FLA.

Zip Country
32301 USA

Zip Country
32301 USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

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
James Cornett AS

Street Address (P.O. Box Number is Not Acceptable)
400 CAPITAL CIRCLE S.E.

Suite, Apt. #, Etc.
18, Box 186

City
TALL

State Zip Code
FL 32301

E-mail Address:

200303843642
09/25/17--01006--013 **238.75

CSTAMES@Gmail.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 605, F.S.

Signature of Registered Agent

[Signature]

Date 9-25-2017

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGRM	<u>Cavetta Corbett</u>	<u>400 Capital Circle S.E.</u>	<u>TALL, FLA. 32301</u>
MGRM	<u>MARTALIUS WILLIAMS</u>	<u>400 CAPITAL CIRCLE S.E.</u>	<u>TALL, FLA. 32301</u>

SEP 25 2017

G CARROTHERS

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person Martalius Williams

Date 9-25-17

Daytime Phone # 880-2649021

Typed or printed name of signing Authorized Person