

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000026429

1. Limited Liability Company's Name

CINEX GROUP, LLC

2. Principal Office Address - No P.O. Box #

6010 Old Tampa Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

6010 Old Tampa Hwy
Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33896

Country

USA

City & State

Davenport, FL

Zip

33896

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

Feb 20, 2013

6. FEI Number

80-0896052

☐ 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

Zachary J. Weikart

Street Address (P.O. Box Number is Not Acceptable)

6010 Old Tampa Hwy

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33896

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11/14/14--01039--010 **238.75

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

Zachary J. Weikart

REGISTERED AGENT MUST SIGN

Date 10/16/2014

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

MGRM Zachary J. Weikart 6010 Old Tampa Hwy Davenport, FL 33896

11. E-mail Address: ZAQ@CINEXGROUP.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

Zachary J. Weikart

Date 10/16/2014

Daytime Phone #

407-694-2050

Typed or printed name of signing Authorized Representative/Manager

Zachary J. Weikart

K. ASHTON