PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JUL 21 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000034511

1. Limited Liability Company's Name
Element Financial Group, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
112 2nd Avenue NE	112 2nd Avenue NE
Suite, Apt. #, etc.: Suite 1600	Suite, Apt. #, etc.: Suite 1600
City & State: St. Petersberg, FL	City & State: St. Petersberg, FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. State/Country of Formation: Florida,USA

5. Date Organized or Qualified To Do Business In Florida: March 6, 2013

6. FEI Number: 46-2412313 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc:

City: Plantation, State: FL Zip Code: 33324

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07/21/16--01008--020 **$61.25

9. I, being [illegible] 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: Connie Bryan Connie Bryan Date: 7/21/2016

REGISTERED AGENT MUST SIGN [illegible]

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
MGR	Michael S. Bartolotta	427 Naubuc Avenue, Suite 102	Glastonbury, CT 06033
MGR	J. Ryan Parker	111 2nd Avenue NE, Suite 1600	St. Petersberg, FL 33701

11. E-mail Address: bartolottamichael@yahoo.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: [signature] Date: 7/20/2016 Daytime Phone #: (860) 734-1620

Typed or printed name of signing Authorized Representative/Manager: Michael S. Bartolotta Manager

K. ASHTON