


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 MAR 11 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L13000163374

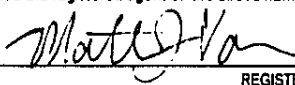
1. Limited Liability Company's Name
Ultra Production Group, LLC

2. Principal Office Address - No P.O. Box # 1910 Harden Blvd. Suite, Apt. #, etc. Suite 105 City & State Lakeland, Florida Zip 33803		3. Mailing Office Address 1910 Harden Blvd. Suite, Apt. #, etc. Suite 105 City & State Lakeland, Florida Zip 33803	
Country United States		Country United States	

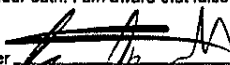
8. Name and Address of Current Registered Agent			
Name Matthew J. Vaughn			
Street Address (P.O. Box Number is Not Acceptable) Suite, 225 East Lemon Street			
Apt. #, Etc. Suite 300			
City Lakeland	State FL	Zip Code 33801	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/21/2013	
6. FEI Number 45-5549630	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

500283280815
03/11/16--01023--030 **288.75

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 	Date 3-7-2016
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
AR	James Kessell	1910 Harden Blvd., Suite 105	Lakeland, FL 33803
REINSTATEMENT			
MAR 11 2016			
R. HUNT			

11. E-mail Address: mvaughn@petersonmyers.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 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 March 4, 2016 Daytime Phone # 863-213-4132
Typed or printed name of signing authorized representative/member James Kessell	