

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000123327

1. Limited Liability Company's Name
APEX Group Holdings, LLC

2. Principal Office Address - No P.O. Box #
7900 NW 27th Avenue

Suite, Apt. #, etc.
E-239A

City & State
Miami, Florida

Zip Country
33147 USA

3. Mailing Office Address
7121 Alhambra Blvd

Suite, Apt. #, etc.

City & State
Miramar, FL

Zip Country
33023 USA

8. Name and Address of Current Registered Agent

Name
Edward Haynes

Street Address (P.O. Box Number is Not Acceptable) Suite,
7121 Alhambra Blvd

Apt. #, Etc.

City State Zip Code
Miramar FL 33023

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

Edward Haynes
REGISTERED AGENT MUST SIGN

Date **11/5/2015**

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	Edward Haynes	7121 Alhambra Blvd	Miramar, FL 33023
MGR	Adriene Haynes	7121 Alhambra Blvd	Miramar, FL 33023

REINSTATEMENT

11. E-mail Address: **HOLLYWOODSTYLE4H@gmail.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

Edward Haynes

Date

11-9-2015

Daytime Phone #

954-445-3779

Typed or printed name of signing authorized representative/member

15 DEC -7 11 01 15
RECEIVED
DIVISION OF CORPORATIONS

CR2E041 (1/14)

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida **08/06/2014**

6. FEI Number
47-1589510

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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11/17/15--01003--012 **238.75