PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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900406858039
04/17/23--01004--016 **500.00

900406858039
04/17/23--01004--017 **293.75

DOCUMENT # L17000090502

1. Limited Liability Company's Name
STANLEY INVESTMENT GROUP LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 S. ANDREWS AVE	2760 S.W 4TH STREET
Suite, Apt. #, etc SUITE #504	Suite, Apt. #, etc
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip / Country 33309 / USA	Zip / Country 33312 / USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florica 4-24-2017

6. FEI Number
821323792
☐ 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
JONATHAN STANLEY

Street Address (P.O. Box Number is Not Acceptable) Suite,
2760 S.W 4TH STREET

Apt #, Etc

City: FORT LAUDERDALE | State: FL | Zip Code: 33312

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 J Stanley (REGISTERED AGENT MUST SIGN) Date 4/12/23

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
P	JONATHAN STANLEY	2760 S.W 4TH STREET	FORT LAUDERDALE, FL 33312
MGR	ROBERT STANLEY III	4936 N.W 57TH COURT	TAMARAC, FL 33319
MBR	BRUCE RAY	2105 CHURCHILL DOWNS DRIVE	ARLINGTON, TX 76017
MBR	MERCEDA STANLEY	2760 S,W 4TH STREET	FORT LAUDERDALE, FL 33312
MBR	TAMIKA ROBINSON	1077 S.W BAY STATE ROAD	PORT SAINT LUCIE, FL 34953
		Reinstatement 2019-2023	

11. E-mail Address stanleyinvestmentgroup@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 [signature] Date 4-15-2023 Daytime Phone # 954-599-9919

Typed or printed name of signing authorized representative/member