LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT #   L 95000000706

1. Limited Liability Company's Name

Orlando Premier Group, L.C.

2. Principal Office Address	**3.** Mailing Office Address
4930 MillCreek Ct.	4930 MillCreek Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Rochester, Michigan	City & State Rochester, Michigan

Zip	Country	Zip	Country
48306	USA	48306	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida Sept 11, 1995

6. FEI Number 38-3255844 | 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 Bradly Roger Bettin, Sr.

Street Address (P.O. Box Number is Not Acceptable) 96 Willard Street

Suite, Apt. #, Etc. Suite 302

City Cocoa   State FL Zip Code 32922

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Brad Bettin _____

REGISTERED AGENT MUST SIGN

Date March 4, 2004

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bill E. Duke	4930 MillCreek Ct	Rochester, Mich 48306

REINSTATEMENT 2003-2004

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager _____ Bill E Duke _____   Date 3-4-04   Daytime Phone # 586 415 2450

Typed or printed name of signing Managing Member/Manager Bill E. Duke