

1. DOCUMENT # L98000000733

Name and Mailing Address

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005925 01 FP 0.352 **PRSRT T8 0 0615 34236-130326

THE SERVIAN GROUP, L.L.C.
326 ARTHUR DRIVE
SARASOTA FL 34236-1303



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
1133 FOURTH AVE., STE. 200 SARASOTA FL 34236		06/05/1998	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		52-2112429	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	

10. 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 *James W. Jones* Date *12/12/02*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OMGR	SERVIAN, ROBERT	326 ARTHUR DR.	SARASOTA FL 34236
MGR	SERVIAN, MARY ANNE	326 ARTHUR DR.	SARASOTA FL 34236
400009524614 12/16/02--01062--002 **150.00			
REINSTATEMENT <i>2002</i>			
<i>12/20</i>			

12. 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 *M. Servian* Date *12/10/02* Daytime Phone # *941-388-1272*

Typed or printed name of signing Managing Member/Manager *MARY ANNE SERVIAN*

CR2EC084 (8/02)