FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 PM 5:55

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000000733

1. Limited Liability Company's Name
The Servian Group, LLC.
326 Arthur Drive
Sarasota FL 34236-1303

2. Principal Office Address	3. Mailing Office Address
1133 Fourth Ave	
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.:
City & State: Sarasota	City & State:
Zip: 34236 Country:	Zip: Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/05/1998

6. FEI Number: 65-2211429 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5 Fee. Additional Fee Required for a Certified Copy of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

12/31/03--01008--001 ** 50.00
900025265279
12/31/03--01008--001 ** 50.00

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: Cynthia A. Harris **Cynthia L. Harris as its agent**
REGISTERED AGENT MUST SIGN
Date: 12/29/03

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
OMGR	Servian Robert	326 Arthur Dr	Sarasota, FL 34236
MGR	Servian Maryanne	326 Arthur Dr	Sarasota, FL 34236

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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: Robert Servian Date: 12/29/03 Daytime Phone #: 9413881272

Typed or printed name of signing Managing Member/Manager: Robert Servian