

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR -4 PM 2: 58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003139

1. Limited Liability Company's Name

PLEXUS VENTURES, L.L.C.

2. Principal Office Address

16177 Bridlewood Circle

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Office Address

16177 Bridlewood Circle

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/09/1998

6. FEI Number 650882210

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

Dennis F. Kelly, Jr.

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

16177 Bridlewood Circle

Suite, Apt. #, Etc.

City

Delray Beach

State
FL

Zip Code
33445

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

Dennis F. Kelly, Jr.

REGISTERED AGENT MUST SIGN

Date

2-24-04

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	Dennis F. Kelly, Jr.	16177 Bridlewood Circle	Delray Beach, FL 33445

REINSTATEMENT

2001-04

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

Dennis F. Kelly, Jr.

Date

2-24-04

Daytime Phone #

(561) 638-0727

Typed or printed name of signing Managing Member/Manager

Dennis F. Kelly, Jr.

CR2E041 (10/02)