PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L99000000793

FILED
01 APR -6 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000793

1. Limited Liability Company's Name
WIT CAPITAL GROUP, LLC

2. Principal Office Address	**3.** Mailing Office Address
2922 W. BAYVIEW	PO BOX 86
Suite, Apt. #, etc.: # 5	Suite, Apt. #, etc.:
City & State: TAMPA, FL ~~33629~~	City & State: TAMPA, FL
Zip: 33629 Country: HILLSBOROUGH	Zip: 33601 Country: HILLSBOROUGH

4. State/Country of Formation: FLORIDA, HILLSBOROUGH

5. Date Organized or Qualified To Do Business in Florida: 2/11/1999

6. FEI Number: 59-3556417 ☐ 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: ANDREW J. MAYTS, JR HOLCOMB & DECORT, P.A.
Street Address (P.O. Box Number is Not Acceptable): 106 S. TAMPANIA AVENUE, ~~SUITE 200~~
Suite, Apt. #, Etc.: SUITE 200
City: TAMPA State: FL Zip Code: 33609

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 _____ Date 4/5/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
Mgr.	EDWIN A. SLACK	PO BOX 86	TAMPA, FL 33601
		700003962657--0	
		REINSTATEMENT 200.00	

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 Edwin A. Slack Date 4/6/01 Daytime Phone # (813) 494-6683

Typed or printed name of signing Managing Member/Manager EDWIN A. SLACK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 107040 81011A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 200

ORDER DATE : April 6, 2001

ORDER TIME : 11:21 AM

ORDER NO. : 107040-005

CUSTOMER NO: 81011A

CUSTOMER: Andrew J. Mayts, Jr., Esq
Holcomb & Decort, P.A.
106 South Tampania Avenue
Tampa, FL 33609

DOMESTIC FILINGS

NAME: WIT CAPITAL GROUP, LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____