

1 of 2
FILED

JUN 17 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000006662

1. Limited Liability Company's Name

SHELTON Group LLC
1494 AVOCADO AVE.
MELBOURNE, FL 32935

000157542600
06/22/09--01046--013 **655.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1494 AVOCADO AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MELBOURNE

City & State

FLORIDA

Zip

32935

Country

BREVARD

Zip

32935

Country

BREVARD

4. State/Country of Formation

FLORIDA/BREVARD

5. Date Organized or Qualified
To Do Business in Florida

JAN, 1999

6. FEI Number

59-3608061

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 WILLARD THOMAS SHELTON

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

1494 AVOCADO AVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Willard T. Shelton

Date

6/19/09

REGISTERED AGENT MUST SIGN

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 |
|-----------------|--------------------------------------|---|---------------------|
| GENERAL MANAGER | Shirley Shelton | 1494 AVOCADO AVE | MELBOURNE, FL 32935 |
| BOOKKEEPER | Stacia Shelton | " " " | " " " |
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JB
REINSTATEMENT 2006-09

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

Shirley Shelton

Date

6/19/09

Daytime Phone #

321-266-1220

Typed or printed name of signing Managing Member/Manager

HOMME 321-327-3274



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
09 JUL 17 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 1, 2009

RECEIVED

SHELTON GROUP LLC
1494 AVOCADO AVE.
MELBOURNE, FL 32935

JUL 06 2009

SUBJECT: SHELTON GROUP LLC
Ref. Number: L99000006662

We have received your document for SHELTON GROUP LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 109A00022632