

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECTION 101
COMMITMENT

STATE OF TEXAS
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SHELTON GROUP LLC
2136 HONTOON RD
DELAND FL 32720-4307



2. New Mailing Address City, State, Zip _____		4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 10/13/1999																																	
Principal Place of Business 1301-73 SOUTH PATRICK DR., STE 73 SATELLITE BEACH FL 32037 <i>1372 HIGHLAND AVE MELBOURNE FL 32935</i>	3. New Principal Place of Business Address <i>1372 HIGHLAND AVE</i> City, State, Zip <i>MELBOURNE, FL 32935</i>	6. FEI Number 59-3608061	Applied For Not Applicable																																
8. Name and Address of Current Registered Agent WILLARD THOMAS SHELTON 2136 HONTOON ROAD DELAND FL 32720		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State _____ Zip Code _____ Date _____																																	
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 <i>Willard Thomas Shelton</i> Date <i>8/6/03</i> REGISTERED AGENT MUST SIGN																																			
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s)</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 40%;">Street Address of Each Managing Member/Manager</th><th style="width: 20%;">City / State / Zip</th></tr></thead><tbody><tr><td>PRES</td><td>SHELTON, WILLARD THOMAS</td><td>2136 HONTOON ROAD</td><td>DELAND FL 32720</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	PRES	SHELTON, WILLARD THOMAS	2136 HONTOON ROAD	DELAND FL 32720																								
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REINSTATEMENT <i>2002-2003</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 <i>Willard Thomas Shelton</i> Date <i>8/6/03</i> Daytime Phone # <i>321-751-7959</i> Typed or printed name of signing Managing Member/Manager <i>WILLARD THOMAS SHELTON</i> <i>or 321-246-1777 cell</i>																																			