

APPROVED
AND
FILED

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB -5 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001-2003
LIMITED LIABILITY
COMPANY
~~REINSTATEMENT~~
UBR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008371

1. Limited Liability Company's Name

SI Group, L.L.C.

2. Principal Office Address

101 East Kennedy Blvd.

Suite, Apt. #, etc.

Suite 2800

City & State

Tampa, Florida

Zip

33602

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/02/99

6. FEI Number

59-3612056

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

Darrell C. Smith

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

101 E. Kennedy Boulevard, Suite 2800

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State

FL

Zip Code

33602

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

[Signature]

Date 02/04/03

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
MGRM	Darrell C. Smith	101 E. Kennedy Blvd, #2800	Tampa, Florida 33602
MGRM	Edward J. Richardson	101 E. Kennedy Blvd., #2800	Tampa, Florida 33602
	FF \$100		
	OP 50		

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

[Signature]

Date 02/04/03 Daytime Phone# 813-227-2229

Typed or printed name of signing Managing Member/Manager

Darrell C. Smith

CR2E041 (10/02)

292

SI Group, L.L.C.
101 East Kennedy Boulevard
Suite 2800
Tampa, FL 33602

February 4, 2003

VIA FEDERAL EXPRESS

Florida Secretary of State
Reinstatement Division
409 East Gaines Street
Tallahassee, Florida 32399

Re: SI Group, L.L.C.

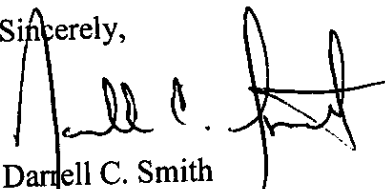
Dear Sir or Madam:

We hereby request that the Florida Secretary of State reinstate the above-referenced limited liability company and waive the reinstatement fee because we never received the Uniform Business Report for this entity through the mail.

Enclosed is the Reinstatement Application and a check made payable to the Florida Secretary of State in the amount of \$150.00.

Thank you for your consideration in this matter.

Sincerely,



Darrell C. Smith
Registered Agent