

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR 29 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L99000008530**

1. Limited Liability Company's Name

**GROUP ORION LLC**

2. Principal Office Address

**28991 SETON COURT**

3. Mailing Office Address

**28991 SETON COURT**

Suite, Apt. #, etc.

**SUITE A**

Suite, Apt. #, etc.

**SUITE A**

City & State

**BONITASPRINGS, FL**

City & State

**BONITA SPRINGS, FL**

Zip

**34134**

Country

**LEE**

Zip

**34134**

Country

**LEE**

4. State/Country of Formation

**USA**

5. Date Organized or Qualified  
To Do Business in Florida

**DECEMBER 7, 1999**

6. FEI Number

**65-0967425**

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

**THOMAS J. HARRELL**

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

**28991 SETON COURT**

Suite, Apt. #, Etc.

**SUITE A**

City

**BONITA SPRINGS**

State

**FL**

Zip Code

**34134**

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

*Thomas J. Harrell*

REGISTERED AGENT MUST SIGN

Date

**04/22/02**

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	THOMAS J. HARRELL	28991 SETON COURT SUITE A	BONITA SPRINGS, FL 34134
MGRM	J. CLARK RAGATZ	28991 SETON COURT SUITE A	BONITA SPRINGS, FL 34134

**REINSTATEMENT 2001-2002**

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

*Thomas J. Harrell*

Date

**04/22/02**

Daytime Phone #

**941-273-6705**

Typed or printed name of signing Managing Member/Manager

**THOMAS J. HARRELL**

CR2E041 (9/01)