PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
00 NOV 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # L99-8863

1. Limited Liability Company's Name

The Helaman Group, LLC

2. Principal Office Address	**3.** Mailing Office Address
2998 S.E. Orchid St.	2998 S.E. orchid st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34997 Country: Martin	Zip: 34997 Country: Martin

4. State/Country of Formation: Florida / martin

5. Date Organized or Qualified To Do Business in Florida: 12/15/99

6. FEI Number: 650862451 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED X — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Lee Brown

000003491610--6
-12/08/00--01041--002
******5.00 ******5.00

Street Address (P.O. Box Number is Not Acceptable): 2998 S.E. orchid St.

Suite, Apt. #, Etc.:

City: Stuart | State: FL | Zip Code: 34997

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: Lee Brown — Date: 11/16/00

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
MGRM	Lee Brown	2998 S.E. orchid st.	Stuart, FL 34997
MGRM	Glenn Phelps	3856 S.W. Honey Terrace	Palm City, FL 34990
		000003491610--6 -12/08/00--01041--003	****150.00 ****150.00

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: Lee Brown — Date: 11/16/00 — Daytime Phone #: (561) 287-1911

Typed or printed name of signing Managing Member/Manager: Lee Brown