

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -3 PM 12:53

DOCUMENT # *M 00000000 647*

1. Limited Liability Company's Name

The Communication's Group LLC
5611 SW 14th AV

2. Principal Office Address

5611 SW 14th AV

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33914

Country

Lee

3. Mailing Office Address

< SAME

Suite, Apt. #, etc.

City & State

Zip

33914

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

TEXAS

6. FEI Number

752485598

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

Jerry Clawson

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

5611 SW 14th AV

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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]

REGISTERED AGENT MUST SIGN

Date

12/31/01

CUS

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
<i>President</i>	<i>Jerry Clawson</i>	<i>5611 SW 14th AV.</i>	<i>Cape Coral, FL, 33914</i>
<i>VPI Sec</i>	<i>DONNA CLAWSON</i>	<i>5611 SW 14th AV</i>	<i>Cape Coral, FL, 33914</i>
			<i>Rein \$100.00</i>
			<i>UBR 50.00</i>
			<i>CUS 5.00</i>
			<i>155.00</i>

REINSTATEMENT 2001

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

12/31/01

Daytime Phone #

741-549-4075

Typed or printed name of signing Managing Member/Manager

Jerry Clawson