

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**REINSTATEMENT** 2001  
**FILED**

**DOCUMENT #**

**1. Limited Liability Company's Name**

*m-739*  
Group 12 Companies, LLC  
4224 Oyster Bay Drive  
Amelia Island, Fl 32034

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Office Address**

4224 Oyster Bay Drive

Suite, Apt. #, etc.

City & State

Amelia Island, Fl

Zip

32034

Country

USA

**3. Mailing Office Address**

4224 Oyster Bay Drive

Suite, Apt. #, etc.

City & State

Amelia Island, Fl

Zip

32034

Country

USA

**4. State/Country of Formation**

Delaware/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

59-3637306

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$3.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

Arthur I. Jacobs, Esq.

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

401 Centre Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

000004663050-5  
-11/01/01--01064--010  
\*\*\*\*150.00 \*\*\*\*150.00

**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

REGISTERED AGENT MUST SIGN

Date

10/19/01

**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	Martin Levin	4224 Oyster Bay Drive	Amelia Island, Fl 32034

**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

Date

10/19/01

Daytime Phone #

904-261-2526

Typed or printed name of signing Managing Member/Manager

Martin Levin

CR2E041 (9/01)