PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

DOCUMENT # M01000001330

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12/08/03--01003--033 **150.00

1. Limited Liability Company's Name
COGNITIVE VENTURES GROUP, LLC

2. Principal Office Address		**3.** Mailing Office Address	
4949 SR 64 E		4949 SR 64 E	
Suite, Apt. #, etc. #104		Suite, Apt. #, etc. #104	
City & State. BRADENTON, FL		City & State BRADENTON, FL	
Zip 34208	Country USA	Zip 34208	Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 65-0967631 ☐ 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: COLLINS, CURTIS S

Street Address (P.O. Box Number is Not Acceptable): 4949 SR 64 E.

Suite, Apt. #, Etc.: #104

City: BRADENTON | State: FL | Zip Code: 34208

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: See below Date: _____

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	COLLINS, CURTIS	4949 SR 64 E. #104	BRADENTON, FL 34208
MGRM	SHEDD, JOHN	4949 SR 64 E. #104	BRADENTON, FL 34208

REINSTATEMENT

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: 11/28/03 Daytime Phone #: 941-518-4993

Typed or printed name of signing Managing Member/Manager: Curtis Collins