

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 11 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001935

1. Limited Liability Company's Name

Mentor Group Holdings, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1102 Waterway Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip
33483

Country
USA

3. Mailing Office Address

1102 Waterway Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip
33483

Country
USA

4. State/Country of Formation

Delaware, USA

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

July 24, 2002

6. FEI Number

03-0474334

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
MARK ADRIAN

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

1102 Waterway Lane

Suite, Apt. #, Etc.

City
Delray Beach

State
FL

Zip Code
33483

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Mark J. Adrian

REGISTERED AGENT MUST SIGN

Date 12-6-07

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
MEMBER	Mark Adrian	1102 Waterway Lane	Delray Beach, FL 33483

800112937378
12/07/07--01034--007 **350.00

REINSTATEMENT

03-07

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

Mark J. Adrian

Date 12-6-07

Daytime Phone # 561-289-1039

Typed or printed name of signing Managing Member/Manager

MARK ADRIAN