FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 APR 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11000003753

1. Limited Liability Company's Name

Service Provider Group LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
448 N Cedar Bluff Rd	448 N Cedar Bluff Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 170	Ste 170
City & State	City & State
Knoxville, TN	Knoxville, TN
Zip / Country	Zip / Country
37923 USA	37923 USA

4. State/Country of Formation: TN

5. Date Organized or Qualified To Do Business in Florida: 7/25/11

6. FEI Number: 27-4412935 ☐ 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: Incorp Services, Inc

Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North

Suite, Apt. #, Etc.:

City: Loxahatchee | State: FL | Zip Code: 33470

800258188678
04/17/14--01017--019 **138.75

800258188678
03/24/14--01037--013 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] on behalf of InCorp Services, Inc. Date: 3/20/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Philip E. Lawrence	448 N Cedar Bluff Rd Suite 170	Knoxville, TN 37923

11. E-mail Address: ahayes.tms@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 3/20/14 Daytime Phone #: (865) 288-5660

Typed or printed name of signing Authorized Representative/Manager: PHILIP E LAWRENCE