

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

01 DEC 20 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M49000001211

1. Limited Liability Company's Name

Monarch Advisory Group, LLC

REINSTATEMENT 2001

2. Principal Office Address

9240 Bonita Bch Rd

Suite, Apt. #, etc.

Suite 1101

City & State

Bonita Spr / FL

Zip

34135

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

8/3/99

6. FEI Number

59-3573715

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

(\$500 Additional Fee required
for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100004735221-5
-12/21/01--01007--012

***155.00 ***155.00

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.

Date

12/14/01

Signature of
Registered Agent

Pamela A. Bristol

REGISTERED AGENT MUST SIGN

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

MGR

Douglas L. Lishman

1529 Lexington Dr

Dresher / PA / 19025

MGR

John Poole

12190 Wobbling Court

FT Myers / FL / 33913

MGR

Matthew F. Auman

35 E. Wheeling St.

Baltimore, MD 21230

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

Douglas L. Lishman

Date

12/8/01

Daytime Phone # 252-871-5204

Typed or printed name of signing Managing Member/Manager

Douglas L. Lishman