

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 # M99000002074

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1. Limited Liability Company's Name

BMI Group, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

12670 New Brittany Blvd

Suite, Apt. #, etc.

#203

3. Mailing Office Address

P.O. Box 3239

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Grand Junction, CO

Zip

33907

Country

USA

Zip

81502

Country

USA

4. State/Country of Formation

Colorado/USA

5. Date Organized or Qualified
To Do Business in Florida

1/1/00

6. FEI Number

84-1451921

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

John Stadler

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

12670 New Brittany Blvd

Suite, Apt. #, Etc.

#203

City

Fort Myers

State
FL

Zip Code

33907

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***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

Glenn McClelland

REGISTERED AGENT MUST SIGN

Date 10-22-01

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
MGR	John Stadler	12670 New Brittany Blvd #203	Fort Myers, FL 33907
MGR	Craig Martin	12670 New Brittany Blvd #203	Fort Myers, FL 33907
MGR	Glenn McClelland	123 N 7th St, Ste 100	Grand Jct, CO 81501

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

Glenn McClelland

Date 10/22/01

Daytime Phone # 970-245-9410

Typed or printed name of signing Managing Member/Manager

GLENN MCCLELLAND

CR2EM41 (9/01)