

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009676

1. Corporation Name

THE O'REILLY GROUP, INC.

Principal Place of Business

418 ROYAL TERN RD
PONTE VEDRA BEACH FL 32082

Mailing Address

418 ROYAL TERN RD
PONTE VEDRA BEACH FL 32082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2001

5. FEI Number

59-3699495

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	O'REILLY, BRIAN	418 ROYAL TERN RD	PONTE VEDRA BEACH FL 32082

000008581340
10/25/02--01008--001 **150.00

10/29

8. Name and Address of Current Registered Agent

O'REILLY, BRIAN
418 ROYAL TERN RD
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRIAN E. O'REILLY

Date

Daytime Phone #

904-476-2915

10/22/02

CR2E040 (8/02)

THE O'REILLY GROUP

Brian E. O'Reilly
CEO

October 22, 2002

**Mr. Jim Smith
Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

To whom it may concern:

**Please be advised that I did not receive the mentioned
UBR notices. Thank you for your consideration.**

Sincerely,

A handwritten signature in cursive script, reading "Brian E. O'Reilly". The signature is fluid and stylized, with the first and last names being more prominent.