

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000114520**

1. Corporation Name

**THE LILES GROUP, INC.**

Principal Place of Business

Mailing Address

8937 SOUTHEAST BRIDGE ROAD  
HOBE SOUND FL 33455

8937 SOUTHEAST BRIDGE ROAD  
HOBE SOUND FL 33455

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

10/23/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LILES, BRUCE C	8937 SOUTHEAST BRIDGE ROAD	HOBE SOUND FL 33455
VD	LILES, BRYAN J	8937 SOUTHEAST BRIDGE ROAD	HOBE SOUND FL 33455
STD	LILES, LINDA L	8937 SOUTHEAST BRIDGE ROAD	HOBE SOUND FL 33455

000024924110  
11/21/03--01034--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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

*Natalia Utrera*  
REGISTERED AGENT MUST SIGN

Date

11/11/03

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:

*Bruce C. Liles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-11-03 772-546-7751

CR2E040 (7/03)

## Village Bike Shop

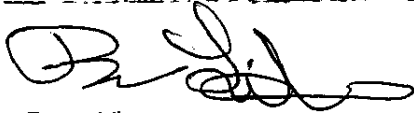
8937 SE Bridge Rd.  
Hobe Sound, Fl. 33455  
561-546-7751 Fax 561-546-2576

November 11, 2003

Sir,

In regards to the reinstatement of Liles Group, Inc. We did not receive either of the uniform business report forms for the year 2003. We regret this problem. If you check you can see that we are in good standing with sales tax and unemployment and still doing business. Please accept our check for \$150.00 for reinstatement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Liles', written over a horizontal dashed line.

Bruce Liles  
President