

2001 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 000000 14034

1. Limited Liability Company's Name

Financial Security Services

2. Principal Office Address

10256 Allamanda Circle

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

3. Mailing Office Address

10256 Allamanda Circle

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/9/2000

6. FEI Number

65-1052125

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

JAY MARMER

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

10256 Allamanda Circle

Suite, Apt. #, Etc.

Palm Beach Gardens

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Jay S. Marmer

REGISTERED AGENT MUST SIGN

Date 10/19/01

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

MGRM JAY MARMER 10256 Allamanda Circle Palm Beach Gardens, FL 33410

MGRM STEVEN MARCUS 131 Pembroke Drive Palm Beach Gardens, Florida 33418

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

Jay S. Marmer

Date 10/19/01

Daytime Phone #

(561) 630-8422

Typed or printed name of signing Managing Member/Manager

JAY L. MARMER

CR2E041 (9/01)