

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024323

1. Limited Liability Company's Name

First Alliance Securities, LLC

MJH

2. Principal Office Address

1053 maitland center
Suite, Apt. #, etc.

commons blvd.

City & State

maitland FL

Zip

32751

Country

USA

3. Mailing Office Address

center commons blvd
Suite, Apt. #, etc.

City & State

maitland FL

Zip

32751

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

9/18/02

6. FEI Number

20-0230501

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

Foster Algier

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

1053 maitland center commons Blvd

Suite, Apt. #, Etc.

City

maitland

State

FL

Zip Code

32751

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

Foster Algier

Date 10/23/03

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
<u>MGRM</u>	<u>CRAIGER, ROBERT</u>	<u>5018 Mortier Ave.</u>	<u>Orlando, FL 32812</u>
<u>MGRM</u>	<u>Algier, Foster</u>	<u>2506 Center Ave.</u>	<u>Orlando, FL 32806</u>

REINSTATEMENT 2003

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

[Signature]

Date 10/23/03

Daytime Phone # 407-897-0911

Typed or printed name of signing Managing Member/Manager

Robert Craiger

CR2E041 (10/02)