

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Limited Liability Company's Name

Trust Financial Consulting, LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
1820 NE 163 street		2009 SE 21 Court	
Suite, Apt. #, etc. 1000		Suite, Apt. #, etc.	
City & State North Miami Beach, FL		City & State Homestead, FL	
Zip 33139	Country U.S.	Zip 33035	Country U.S.

4. State/Country of Formation	Florida
5. Date Organized or Qualified To Do Business in Florida	10/16/2003
6. FEI Number	20-8222269
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name	
Raymundo Gonzalez	
Street Address (P.O. Box Number is Not Acceptable)	
14525 NW 88 Avenue	
Suite, Apt. #, Etc.	
Miami Lakes, FL 33018	
City	State / Zip Code
Miami Lakes, FL	FL 33018

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

REGISTERED AGENT MUST SIGN

Date 01/10/2007

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
P	Raymundo Gonzalez	14525 NW 88 Avenue	Miami Lakes, FL 33018
VP	Yansemi Perez	10200 SW 129 street	Miami, FL 33176
VP	Dinorah Zerquera	22600 SW 182 Ave	Miami, FL 33170

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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

Date 01/10/2007 Daytime Phone # (786) 486-4869

Typed or printed name of signing Managing Member/Manager

* (305) 230-0583

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:17

Raymundo Gonzalez
2009 S.E 21 Court
Homestead, FL 33035

January 12, 2007

Re: Trust Financial Consulting, LLC

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Dear FLORIDA DEPARTMENT OF STATE,

Penalty
The present letter is to request that you waive the Reinstatement Fee for the above referenced corporation as we did not receive the annual renewal notice since we changed address / location.

Please feel free to contact me should you have any further questions.

Sincerely,



Raymundo Gonzalez