PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 29 PM 4:11

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000004137

1. Limited Liability Company's Name

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Unified Financial Solutions, LLC

400188172274
11/30/10--01001--014 **382.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
951 Broken Sound Parkway
Suite, Apt # etc.
City & State
Boca Raton, FL
Zip 33487
Country USA

3. Mailing Office Address
~~PO Box~~ 2901 Clint Moore Rd
Suite, Apt # etc.
#292
City & State
Boca Raton
Zip FL
Country 33496

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida 01/14/2008

6. FEI Number
26-1732115
☐ 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
James L. Weintraub, Esquire
Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road
Suite, Apt #, etc.
Suite 210
City
Boca Raton
State FL
Zip Code 33434

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9. I hereby 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: James Weintraub
REGISTERED AGENT MUST SIGN
Date 11/24/2010

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City - State - Zip
MGMR	RELIABLE RESPONSE MARKETING, LLC (A Delaware LLC)	2901 CLINT MOORE ROAD, Suite 292	Boca Raton, FL 33431

REINSTATEMENT 2009-2010

11. E-mail Address: (to be used for future annual report notification)

12. I certify that I am a 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 11/24/2010
Daytime Phone # (561) 487-1201

Typed or printed name of signing Managing Member/Manager: David Mahler