

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005058

1. Limited Liability Company's Name

COLLINSWYATT FINANCIAL, LLC

REINSTATEMENT 2001

2. Principal Office Address 184 Eglin Pkwy NE Ste 8		3. Mailing Office Address 184 Eglin Pkwy NE Ste 8	
Suite, Apt. #, etc. Suite 8		Suite, Apt. #, etc. Suite 8	
City & State Fort Walton Beach, FL		City & State Fort Walton Beach, FL	
Zip 32548	Country Okaloosa	Zip 32548	Country Okaloosa

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 59-3641950	Applied For 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 James Wyatt	800004659103--9
Street Address (P.O. Box Number is Not Acceptable) 184 Eglin Pkwy NE, Suite 8	-10/30/01--01051--006 ***150.00 ***150.00
Suite, Apt. #, Etc. Suite 8	
City Fort Walton Beach	State FL
	Zip Code 32548

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  Date 10/16/2001
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
MGRM	James Wyatt	184 Eglin Pkwy NE Ste 8 Suite 8	Fort Walton Beach, FL 32548
MGRM	Michael Collins	205 W Wacker Suite 2333	Chicago, IL 60606

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 10/16/01 Daytime Phone # 850-243-3151

Typed or printed name of signing Managing Member/Manager James Wyatt

CR2001 (9/00)