

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L000000007450

1. Limited Liability Company's Name

32 West Financial Group, LLC

2. Principal Office Address

32 SW 5th AVE

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip  
33444

Country

USA

3. Mailing Office Address

32 SW 5th AVE

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip  
33444

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6/23/00

6. FEI Number

051018489

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

Sharon Higginbotham - Restrepo

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

32 SW 5th AVE

Suite, Apt. #, Etc.

City

Delray Beach FL

State

FL

Zip Code

33444

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

Sharon Restrepo

REGISTERED AGENT MUST SIGN

Date

10/29/03

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	Sharon Higginbotham - Restrepo	3800 Washington Rd #1202	WPB FL 33405
V	Dwan Bent	581 Anchor Pt.	Delray Beach FL 33444

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

Sharon Restrepo

Date 10/29/03

Daytime Phone # 361-819-1900

Typed or printed name of signing Managing Member/Manager

Sharon Higginbotham - Restrepo

CR2E041 (10/02)