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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000011823

FILED
02 NOV 13 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011823

Name and Mailing Address

0001031 01 FP 0.352 **PRSRT T4 0 0615 33012-762444

FINANCIAL EQUITY SERVICES, LLC
4244 WEST 16TH AVENUE
HIALEAH FL 33012-7624

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 09/28/2000

Principal Place of Business
4244 WEST 16TH AVENUE
HIALEAH FL 33012

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 22-3757148 — 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

PEREZ, MAX D
4244 WEST 16TH AVENUE
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

100089563115
11/13/02--01034--012 **150.00

City — FL — Zip Code

10. 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: Max D Perez — Date: 10-24-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PEREZ, MAX D	4244 WEST 16TH AVE	HIALEAH FL 33012

REINSTATEMENT

12. 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: Max D Perez — Date: 10-24-02 — Daytime Phone # (917)509-8732

Typed or printed name of signing Managing Member/Manager