

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 8:59

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 01000002742

1. Limited Liability Company's Name

FINZ GROUP, LLC

2. Principal Office Address

1885 SW 4TH AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33444

Country

USA

3. Mailing Office Address

1885 SW 4TH AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33444

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

FEB 21, 2001

6. FEI Number

65-1079572

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

MARVIN C GUTTER

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

2101 CORPORATE BLVD

Suite, Apt. #, Etc.

STE 107

City

BOCA RATON

State

FL

Zip Code

33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/29/05

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
<u>MGR</u>	<u>BRIAN FINZ</u>	<u>65 SE 5TH AVE SUITE 107</u>	<u>DELRAY BEACH FL 33444</u>

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

[Signature]

Date

8/15/04

Daytime Phone #

561-276-9196

Typed or printed name of signing Managing Member/Manager

BRIAN FINZ

REINSTATEMENT 02-05

CR2E041 (10/02)