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10/2

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
ALBANY, FLORIDA

DOCUMENT # L01000004266
1. Limited Liability Company's Name
ENTERPRISE FINANCIAL SERVICES, LLC

2. Principal Office Address 25 Second Street North		3. Mailing Office Address 25 Second Street North	
Suite, Apt. #, etc. SUITE 330		Suite, Apt. #, etc. SUITE 330	
City & State St. Petersburg, Florida		City & State St. Petersburg, Florida	
Zip 33701	Country USA	Zip 33701	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 02/21/2001	
6. FEI Number 59-3706647	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

1/21/03

8. Name and Address of Current Registered Agent

Name **JULIO C. ESQUIVEL**

Street Address (P.O. Box Number is Not Acceptable) **101 EAST KENNEDY BLVD.**

Suite, Apt. #, Etc. **SUITE 2800**

City **TAMPA** State **FL** Zip Code **33602**

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 *Julio Esquivel* Date **JANUARY 24, 2003**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHARLES D. HEROLD	25 Second Street North, Suite 330	St. Petersburg, Florida 33701
" "	WILLIAM THOMAS	25 Second Street North, Suite 330	St. Petersburg, Florida 33701
" "	SHAWN M. RIELY	25 Second Street North, Suite 330	St. Petersburg, Florida 33701

REINSTATEMENT *2002-2003*

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 *Charles D. Herold* Date **01/24/2003** Daytime Phone # **727.894.7505**

Typed or printed name of signing Managing Member/Manager **CHARLES D. HEROLD**

Division of Corporations

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Florida Department of State
 Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

ENTERPRISE FINANCIAL SERVICES, L.L.C.

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