BEFORE ON SETUS THIS FORM.

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L01000009707

1. Limited Liability Company's Name

RELIABLE TRUST SERVICES, LLC

FILED

2003 HAY -6 AM 9: 00

DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

800018028288 05/06/03--01006--002 **150.00 200018028322

2. Principal Office Address 61 Alafaya Woods Blvd		3. Mailing Office Address		05/06/0301006-+003 **50.00 4. State/country of Formation Florida		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
#218				5. Date Organized or Qualified To Do Business in Florida 06/16/2001		
City & State		City & State		G. FEI Number		
Oviedo, FL				I 37 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
<u>-</u> -	10			Not	Applicable	
32765	USA	Zíp	Country	CERTIFICATE OF STATUS DESIRED Cor a Certificate		
	· · · · · · · · · · · · · · · · · · ·	8. Na	ime and Address of Current R	legistered Agent		
Nam					Ł	

Of Hame and Address of Carrent Registered Agent		1
MICHAEL D. SONNENSCHEIN, ESQ.		
Street Address (P.O. Box Number is Not Acceptable) 1420 ALAFAYA TRAIL		
Suite, Apt. #, Etc. SUITE 101		
City OVIEDO	State FL	Zip Code 32765

9.	I, being appointed the registered agent of	of the above	e named limited liability company, am familiar with and accept the obligations of Chapter 608, F	s.
	71		₩	

Signature of

REGISTERED AGENT MUST SIGN

04/28/2003

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip Oviedo, FL 32765	
pres.	Michael D. Sonnenschein	1420 Alafaya Trail, Suite 101		
-		,	1	
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		Fig. 17 II		
		N C-VIII THE	A CWICKI 2002-03	

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 filling 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

Managing Member/Manager

04/28/2003

Daytime Phone #_407 977-6868

Typed or printed name of signing Managing Member/Manager

Michael D. Sonnenschein