

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 28 PM 2:37

1. DOCUMENT # L01000017302

Name and Mailing Address

0009156 01 FP 0.352 **PRST HO 0 0615 32168-796307



THE FINANCIAL GUARDIANS GROUP, LLC
907 CLUBHOUSE BLVD.
NEW SMYRNA BEACH FL 32168-7963



2. New Mailing Address

City, State; Zip

Principal Place of Business

907 CLUBHOUSE BLVD.
NEW SMYRNA BEACH FL 32168

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/05/2001

6. FEI Number

113649006

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

SCHWARTZ, ROBERT D
555 S. FEDERAL HIGHWAY, SUITE 330
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

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

REGISTERED AGENT MUST SIGN

Date 10/24/2002

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
MGRM	MURPHY, DON	907 CLUBHOUSE BLVD.	NEW SMYRNA BEACH FL 32168

300008643499
10/29/02--01025--015 **150.00

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

Date 10/24/2002 Daytime Phone # 386 479 6079

Typed or printed name of signing Managing Member/Manager