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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

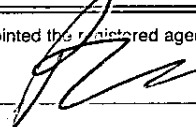
1. DOCUMENT # L01000017302
Name and Mailing Address

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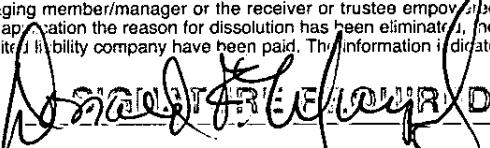
THE FINANCIAL GUARDIANS GROUP, LLC
907 CLUBHOUSE BLVD.
NEW SMYRNA BEACH FL 32168-7963



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/05/2001	
Principal Place of Business 907 CLUBHOUSE BLVD. NEW SMYRNA BEACH FL 32168	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 11-3649006	Applied For Not Applicable
8. Name and Address of Current Registered Agent SCHWARTZ, ROBERT D 555 S. FEDERAL HIGHWAY, SUITE 330 BOCA RATON FL 33432 4700 N.W. BOCA RATON BLVD # B-201 BOCA RATON, FL 33431		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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  SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500027916435 01/30/04--01016--018 **205.00 City FL Zip Code	
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

REINSTATEMENT 03-04-04
dca

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 1-05-04 Daytime Phone # 3864796079

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)