

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FLORIDA DEPARTMENT OF STATE  
L02000001046

FILED

03 OCT 24 PM 1:28

1. DOCUMENT # L02000001046

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FINEXIM, LLC  
C/O DAVID W. SOUTHWELL  
16191 N.W. 57TH AVENUE  
MIAMI LAKES FL 33014-6707



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business C/O DAVID W. SOUTHWELL 16191 N.W. 57TH AVENUE MIAMI LAKES FL 33014		5. Date Organized or Qualified To Do Business in Florida 01/11/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 04-3586578	
8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name William E. Beilman Street Address (P.O. Box Number is Not Acceptable) 6447 Turtle Rock Terrace Miami Lakes FL Zip 33014			
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 <i>William E. Beilman</i> Date 10/17/03 REGISTERED AGENT MUST SIGN			
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
MGR	SOUTHWELL, DAVID W	16191 N.W. 57TH AVENUE	MIAMI LAKES FL 33014
000024081020 10/24/03--01021--007 **155.00			
REINSTATEMENT 03			

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

SIGNATURE REQUIRED

Date 10/17/03 Daytime Phone # 305-621-0220

Typed or printed name of signing Managing Member/Manager

DAVID W SOUTHWELL

CR2E084 (7/03)