

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

2004 JAN -6 PM 3:58

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. DOCUMENT # L02000004935

Name and Mailing Address

0013954 01 AT 0.292 **AUTO T1 0 0615 33907-398630



MUELLER, SOLIS FINANCIAL GROUP, LLC
12530 WORLD PLAZA LANE
BLDG #43, SUITE Z
FT. MYERS FL 33907-3986

100026061261
01/06/04--01007--028 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/28/2002	
Principal Place of Business 12530 WORLD PLAZA LANE BLDG #43, SUITE Z FT. MYERS FL 33907	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent DELLUTRI, CARMEN 1809 COLONIAL BLVD. FT. MYERS FL 33907		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **12/31/03**

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	SOLIS, ROGER	12530 WORLD PLAZA LANE	FT. MYERS FL 33907

REINSTATEMENT 2003

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 no 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] **SIGNATURE REQUIRED**

Date **12/31/03**

Daytime Phone # **239-931-3242**

Typed or printed name of signing Managing Member/Manager

Roger J. Schis

CR2E084 (7/03)