• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000009337

1. Limited Liability Company's Name

FINANCIAL INTEGRATED CONSULTING, LLC

2. Principal Office Address	**3.** Mailing Office Address
5525 NW 15th AVE	5525 NW 15th AVE

4 State/Country of Formation

Suite, Apt. #, etc.	Suite, Apt. #, etc.
202	202

5. Date Organized or Qualified To Do Business in Florida April 18, 2002

City & State	City & State
FORT LAUDERDALE, FL	FORT LAUDERDALE, FL

6. FEI Number 27-0039277   Applied For / Not Applicable

Zip	Country	Zip	Country
33309	U.S.A.	33309	U.S.A

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Matthew J. Kahn, P.A.

Street Address (P.O. Box Number is Not Acceptable) 12555 Orange Drive

REINSTATEMENT 03-05

Suite, Apt. #, Etc. 230

City	State	Zip Code
Davie	FL	33330

9. 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 2/28/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Alejandro Anselmi	5525 NW 15Th Ave #202	Ft Lauderdale fl 33309
MGRM	Gabriel Maesteacci	5525 NW 15Th AVE #202	Ft Lauderdale fl 33309
			7000491681 67 03/25/05--01008--010 **250.00

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 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 2/25/05   Daytime Phone # 954-489-9091

Typed or printed name of signing Managing Member/Manager Alejandro Anselmi

CR2E041 (10/02)