

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 20 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
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| DOCUMENT # L02000014792 1. Entity Name ALUMNI FINANCIAL SERVICES, LLC | | | | | |
| Principal Place of Business 8805 79TH PLACE N SEMINOLE, FL 33777 | | Mailing Address 8805 79TH PLACE N SEMINOLE, FL 33777 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 04-3688790 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAE, WILLIAM J 8805 79TH PLACE N SEMINOLE, FL 33777 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RAE, WILLIAM J 8809 79TH PLACE N SEMINOLE, FL 33777 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 700112600917 11/27/07--01027--005 **50.00 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: | | | Date: 26 Oct 07 | | Daytime Phone #: 727 392-8464 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |