2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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1. Entity Name ALUMNI FINANCIAL SERVICES, LLC						SECRETARY OF STATE TALLAHASSEE. FLORIDA				
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 #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10312007	REIN-LLC	CR2E	101 (1/07)	
City & State			City & State			4. FEI Numb			_ 	ptied For at Applicable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent							Address of New R	egistered A	Agent	
DAE 1441	1444				Name .				-	_
RAE, WILLIAM J 8805 79TH PLACE N SEMINOLE, FL 33777					Street Address (P.O. Box Number is Not Acceptable)					
	,				City				Zip Cod	e
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8. The above the obligat	named entititions of regist	y submits this statement fo tered agent.	or the purpose of changing its	s register	ed office or registe	red agent, or bo	th, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Register	ed Agent signature requi	ired when reinstating		DATE		
FILE NOWI!! FEE iS \$50.00 In accordance with s. 607.19 After January 1, 2008, Fee will be \$100.00 liability company did not received.										
			In accordance with liability company di					•	-	•
			liability company di					Departme	-	•
After Janua		3, Fee will be \$100.00	liability company di	d not red	ceive the prior no		Florida	Departme	-	Addition
9. TITLE NAME	MGRM RAE, WIL	MANAGING MEMBE	liability company di	10.	ceive the prior no	otice.	Florida ADDITIONS/	Departme	Change	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.

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