

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 DIVISION OF CORPORATIONS

04 MAR -1 PM 3:20

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L 02000016664

1. Limited Liability Company's Name

Fiduciary Assurance, LLC

2. Principal Office Address

1040 Seminole Dr.

Suite, Apt. #, etc.

#956

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33304

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
 To Do Business in Florida

7-1-02

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
 for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert L. Crump, Jr.

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

1040 Seminole Dr.

Suite, Apt. #, Etc.

#956

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-27-04

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
Manager	ROBERT L. CRUMP, JR.	1040 Seminole Dr. #956	Ft. Lauderdale, FL 33304

REINSTATEMENT
 REINSTATEMENT

03-04
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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

[Signature]

Date 2-27-04

Daytime Phone # 561-805-8717

Typed or printed name of signing Managing Member/Manager

Robert L. Crump, Jr.

CR20041 (10/02)

Robert L. Crump, Jr.

9550 Aloe Road
Boynton Beach, FL 33436
(561) 805-8717

February 27, 2004

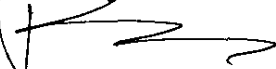
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed is a Limited Liability Company Reinstatement form for a company formed in 2002. As a result of my relocating, I never have received any annual filing forms and after speaking with someone at the Division of Corporations this morning, understand that I do not need to pay the annual filing fees in arrears. A check for \$100 is enclosed to cover the reinstatement fee.

I have also enclosed an Articles of Amendment to Articles of Organization in order to change the name of the LLC once reinstated. An additional check in the amount of \$25 attached.

Sincerely,



Robert L. Crump, Jr.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS