

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000033917

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L02000033917**

1. Limited Liability Company's Name

Commonwealth Financial, L.L.C.

2. Principal Office Address

534 N.E. 2nd Street

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33343

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida

12/18/2002

6. FEI Number

54-2098124

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

David R. Roy, Esq.

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

4029 N Federal Highway

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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 **3-29-04**

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
mgr	Gregory Dawson	534 N.E. 2nd Street	Delray Beach FL 33343

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 **3-29-04**

Daytime Phone # **561-441-1911**

Typed or printed name of signing Managing Member/Manager