FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 APR 23 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L03000003483

1. Limited Liability Company's Name

RETIREMENT CONNECTIONS

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
42015 FORD RD. STE	47116 MARISA CT
Suite, Apt. #, etc. STE 125	Suite, Apt. #, etc.
City & State CANTON, MICHIGAN	City & State PLYMOUTH MICHIGAN
Zip 48187 Country USA	Zip 48170 Country USA

4. State/Country of Formation FLORIDA/USA

5. Date Organized or Qualified To Do Business In Florida 01/29/2003

6. FEI Number 57-1148044

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: GREGORY A. FOX
Street Address (P.O. Box Number is Not Acceptable): 28050 U.S. HWY 19 NORTH
Suite, Apt. #, Etc.: STE. 100
City: CLEARWATER
State: FL Zip Code: 33761

☑ A $100 reinstatement fee is imposed except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting that the $100 reinstatement be waived.

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Gregory A. Fox — REGISTERED AGENT MUST SIGN — Date: 4/11/07

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT	RICHARD T. CORSO	42015 FORD RD.	CANTON/MICHIGAN/48187

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04/06/07 01017 022 **200.00

REINSTATEMENT 04-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: Richard T Corso — Date: 4/9/07 — Daytime Phone #: 734-664-2413

Typed or printed name of signing Managing Member/Manager: RICHARD T. CORSO