

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 28 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000010371

1. Limited Liability Company's Name

ASCEND FINANCIAL GROUP, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

3939 NW 58th Place

Suite, Apt. #, etc.

City & State

Boca Raton FL 33496

Zip

33496

Country

USA

3. Mailing Office Address

3939 NW 58th Place

Suite, Apt. #, etc.

City & State

Boca Raton FL 33496

Zip

33496

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 8/21/03

6. FEI Number
86-1053523

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

Lisa Adams

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

3939 NW 58th Place

Suite, Apt. #, Etc.

City

Boca Raton FL 33496

State

FL

Zip Code

33496

☒ 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 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 608, F.S.

Signature of
Registered Agent

Lisa Adams by Kenneth Levy attorney in fact Date August 11th 2008

REGISTERED AGENT MUST SIGN

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	Lisa Adams	3939 NW 58th Place	Boca Raton FL 33496

REINSTATEMENT 07-08

000134800330

08/21/08--01032--006 **277.50

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

Lisa Adams by Kenneth Levy attorney in fact Date 8/11/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Lisa Adams by Kenneth Levy, Power of Attorney