

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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DOCUMENT # ~~205~~ L03000049643

1. Limited Liability Company's Name

FINANCIAL SERVICES GROUP LLC

2. Principal Office Address

110 E. GOLFVIEW BLVD. POB 5206

Suite, Apt. #, etc.

200

3. Mailing Office Address

POB 5206

Suite, Apt. #, etc.

City & State

Ormond Beach

City & State

Ormond Beach, FL

Zip

32176

Country

Volusia

Zip

32175

Country

Volusia

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida.

2003

6. FEI Number

75-313-7602

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

Debra Amico-Battaglia

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

1410 Overbrook Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

Debra Amico-Battaglia

REGISTERED AGENT MUST SIGN

Date

12/16/05

**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	Debra Amico-Battaglia	1410 Overbrook Drive	Ormond Beach, FL 32174

800061828048

12/01/05--01040--009 \*\*205.00

REINSTATEMENT 04-05

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

Debra Amico-Battaglia

Date

11-29-05

Daytime Phone #

386-673-9340

Typed or printed name of signing Managing Member/Manager