

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL 16 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000068823

1. Limited Liability Company's Name

FPM Financial LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 639 N. Federal Highway		3. Mailing Office Address 639 N. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach		City & State Pompano Beach	
Zip FL	Country US	Zip FL	Country US

4. State/Country of Formation Florida / US	
5. Date Organized or Qualified To Do Business in Florida 07/13/2005	
6. FEI Number NONE	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name David E. Applegate		
Street Address (P.O. Box Number is Not Acceptable) 639 N. Federal Highway		
Suite, Apt. #, Etc.		
City Pompano Beach	State FL	Zip Code 33060

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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

David Applegate

Date **7-14-10**

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
P	David E. Applegate	639 N. Federal Highway	Pompano Beach, FL 33060
VP	Gregory V. Donelson	639 N. Federal Highway	Pompano Beach, FL 33060
		REINSTATEMENT	06-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

David Applegate

Date

7-13-10

Daytime Phone #

954-444-0524

Typed or printed name of signing Managing Member/Manager