

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JUN -3 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000083355

1. Limited Liability Company's Name

National Financial Companies, LLC

300155893583
05/13/09--01002--014 **416.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
22107 Martella Ave

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33433

Country
USA

3. Mailing Office Address
22107 Martella Ave

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33433

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 8/23/06

6. FEI Number

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

Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)
1203 Governors Square Blvd

Suite, Apt. #, Etc.
Suite 101

City
Tallahassee

State
FL

Zip Code
32301

☒ 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

Mary Jo Spalinger, Asst. Sec. for
REGISTERED AGENT MUST SIGN Business Filings Incorporated

Date 5-1-09

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
MGRM	Rachel Shapiro	22107 Martella Ave	Boca Raton, FL 33433

REINSTATEMENT

07-09

ASL

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

Rachel Shapiro

Date 5/1/09

Daytime Phone # (415) 565-0123

Typed or printed name of signing Managing Member/Manager Rachel Shapiro