) PLEASE READ SEL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OF VISION OF CORPORATIONS 10 APR -7 PM 3-10
DOCUMENT #L07000 1. Limited Liability Company's Name Florida Court Se	600174842586 04/07/1001009025 **416.25 cr26041 (11/09)	
2. Principal Office Address - No P.O. Box # 2665 S. BaySybye Dr. Suite, Apt. #, etc. 3+e 906 City & State Miami FL Zip Country 33133 USA	3. Mailing Office Address 2665 S. Bayshore Dr. Suite, Apt. #, etc. Ste 906 City & State Miami F L Zip Country 33133 USA	4. State/Country of Formation FL USA 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number
8. Name and Address of Current Registered Agent Name Torae L. Gurian Street Address (P.O. Box Number is Not Acceptable) 26655-BaySnore Drive Suite, Apt. #, Etc. She 906 City Miami FL 33133		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 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Mem Titles Name of Managing Members/Manage	Street Address of Each	ger City / State / Zip
Marm Julie Motes	2665 S. Bayshor.	(Steady) e Dr. Miami FL 33133
REINSTATEMENT 2010		
11. E-mail Address: Jgurian @ gur	San \aw. coM. (To be used for future annual report notificatio	ns)
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 filling 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 Date Date Daytime Phone # 305-279-4101		

Julie Motes

Typed or printed name of signing Managing Member/Manager

L07000107499

April 6, 2010

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: FLORIDA COURT SERVICES, LLC. (L07000107499)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for FLORIDA COURT SERVICES, LLC. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2008, 2009 or 2010. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2008, 2009 or 2010.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

JORGE L. GURIAN

JULIÉ MOTES

Enclosure