

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L08000004137

1. Limited Liability Company's Name

09
Unified Financial Solutions, LLC

400188172274
11/30/10--01001--014 **382.50

2. Principal Office Address - Not P.O. Box #
951 Broken Sound Parkway
State Apt # etc.

3. Mailing Office Address
~~PO Box~~ 2901 Clint Moore Rd
State Apt # etc.
292

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
to Do Business in Florida 01/14/2008

City & State
Boca Raton, FL

City & State
Boca Raton

6. FID Number
26-1732115

Zip
33487

Country
USA

Zip
FL

Country
33496

CERTIFICATE OF STATUS REQUIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
James L. Weintraub, Esquire

Street Address (P.O. Box Numbers Not Acceptable)

7777 Glades Road

State Apt # etc.

Suite 210

City
Boca Raton

State Zip Code
FL 33434

9. I hereby appointed the registered agent of the above named limited liability company, am familiar with and accept the provisions of Chapter 604, F.S.

Signature of
Registered Agent

James Weintraub
REGISTERED AGENT MUST SIGN

Date 11/24/2010

10. Name and Street Address of Managing Member/Manager

Name	Address of Managing Member/Manager	Street Address of Each Managing Member/Manager	City State Zip
MGMR	RELIABLE RESPONSE- MARKETING, LLC (A Delaware LLC)	2901 CLINT MOORE ROAD, Suite 292	Boca Raton, FL 33431

REINSTATEMENT 2009-2010

11. I hereby certify that I am a managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 604, F.S. I further certify that when
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company cannot satisfy the requirements of section 604.426, F.S., and that
all fees owed by the limited liability company have been paid. The information reflected 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 Mahler

Date 11/24/2010

Company Phone # (561) 487-1201

Type for each name of managing member/manager David Mahler