

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2013-2014

DOCUMENT # **L12000045886**

1. Limited Liability Company's Name  
**Financial Real Estate Solutions, LLC**

**FILED**

14 MAY 13 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300257101683  
02/24/14--01045--012 \*\*243.75

2. Principal Office Address - No P.O. Box # <b>180 N. Westmonte Blvd</b>		3. Mailing Office Address <b>180 N. Westmonte Blvd</b>	
Suite, Apt. #, etc. <b>2 G</b>		Suite, Apt. #, etc. <b>2 G</b>	
City & State <b>Altamonte Springs Fl</b>		City & State <b>Altamonte Springs Fl</b>	
Zip <b>32714</b>	Country <b>USA</b>	Zip <b>32714</b>	Country <b>USA</b>

4. State/Country of Formation <b>USA</b>	
5. Date Organized or Qualified To Do Business in Florida 04/03/2012	
6. FEI Number <b>46-1032237</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**Charles Parker Jr**

Street Address (P.O. Box Number is Not Acceptable)  
**1419 E. Robinson St**

Suite, Apt. #, Etc.

City  
**Orlando**

State  
**FL**

Zip Code  
**32801**

300257101683  
05/12/14--01003--006 \*\*133.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *[Signature]* Date **2/18/2014**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Troy Blanchard	180 N. Westmont Blvd	180 N. Westmonte Florida 32714
MGR	THIYAGARAJAH KARUNAKGARAN	PO BOX 536554	ORLANDO FLORIDA 32853

11. E-mail Address: **MYMAUI1@HOTMAIL.COM**  
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *[Signature]* Date **2/18/2014** Daytime Phone # **407-466-7335**

Typed or printed name of signing Authorized Representative/Manager **Troy Blanchard m/m**