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02 JUN 12 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/14/02--01013--011
****100.00 ****100.00

LIMITED LIABILITY COMPANY <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98000001574

1. Limited Liability Company's Name <div style="font-size: 1.1em; margin-top: 5px;"> RJ B Financial Solutions, L.C. 138 N. Swinton Ave Delray Beach, FL 33445 </div>	
2. Principal Office Address <div style="font-size: 1.1em; margin-top: 5px;"> 138 N. Swinton Suite, Apt. #, etc. _____ City & State Delray Beach, FL Zip 33445 </div>	3. Mailing Office Address <div style="font-size: 1.1em; margin-top: 5px;"> same Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____ </div>

8. Name and Address of Current Registered Agent	
Name (Broderick) Kinney, Carolyn J.	
Street Address (P.O. Box Number in Most Cases) 138 N. Swinton Ave.	
Suite, Apt. #, Etc.	
City Delray Beach	State FL
Zip Code 33483	

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 Chris M. Date 4-16-02

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
MGR	Kinney (Broderick) Gardyn	138 N. Swinton Ave	Delray Bch FL 33483
			50.00 - Adm
			50.00 - CF

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 _____ Date 4-16-02 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____