

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

1. Limited Liability Company's Name *Calvary Financial Group, a FL. LLC.*
L 99 000006886

2. Principal Office Address

23158 Sandalfoot Plaza Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Boca Raton, FL.
Zip *33428* Country *U.S.*

City & State

Zip Country

4. State/Country of Formation

Palm Beach
5. Date Organized or Qualified To Do Business in Florida *Oct 20, 1999*

6. FEI Number

65-1010260

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

Greg Zimmerman

Street Address (R.O. Box Number is Not Acceptable)

11082 Delta Circle

Suite, Apt. #, Etc.

City

Boca Raton

300003456503-3

-11/07/00-01144-018

******50.00 *****50.00*

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

Greg Zimmerman
REGISTERED AGENT MUST SIGN

Date *10-17-00*

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
<i>Member/President</i>	<i>None</i>		
	<i>Greg Zimmerman</i>	<i>11082 Delta Circle</i>	<i>Boca Raton, FL. 33428</i>

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

Greg Zimmerman Date *10-17-00*

Daytime Phone # *561-883-6993*

Typed or printed name of signing Managing Member/Manager