

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # M01000000737

Name and Mailing Address

0015913 01 MB 0.309 **AUTO T9 0 0615 30360-277250

LDG FINANCIAL SERVICES, LLC

4553 WINTERS CHAPEL RD

#200

ATLANTA GA 30360-2772



2. New Mailing Address		4. State/Country of Formation GA	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/29/2001	
Principal Place of Business 4553 WINTERS CHAPEL RD #200 ATLANTA GA 30360	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2407228	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>Brian Courtney</u> SIGNATURE REQUIRED <u>Asst. V. Pres.</u> Date <u>10/2/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CARBO, REMBERTO JR	4553 WINTERS CHAPEL RD #200	ATLANTA GA 30360
MGRM	CARBO, MARSHA	4553 WINTERS CHAPEL RD #200	ATLANTA GA 30360
MGRM	FLETCHER, DAVID G	4553 WINTERS CHAPEL RD #200	ATLANTA GA 30360
REINSTATEMENT 03 700023766417 10/13/03--01011--001 **100.00 10/13/03--01096--018 **50.00			

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 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

SIGNATURE REQUIRED

Date 10/31/03

Daytime Phone # 678-225-1055

Typed or printed name of signing Managing Member/Manager