PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

APPLICATION FOR REINSTATEMENT

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

M02000000783

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -5 AM 9:51

1. DOCUMENT # M02000000783

Name and Mailing Address

0015775 01 MB 0.305 --AUTO T9 0 0815 29466-5917717
RAVEN FINANCIAL SERVICES LLC
17 SILVER MOSS CIRCLE
KIAWAH ISLAND SC 29455-5917

REINSTATEMENT 2003 - 2004 /m

2. New Mailing Address
735 Johnnie Dodds Blvd, Suite 103

City, State, Zip
Mt. Pleasant, SC 29464

Principal Place of Business
17 SILVER MOSS CIRCLE
KIAWAH ISLAND SC 29455

3. New Principal Place of Business Address
735 Johnnie Dodds Blvd, Suite 103

City, State, Zip
Mt. Pleasant, SC 29464

4. State/Country of Formation
SC

5. Date Organized or Qualified To Do Business in Florida
03/26/2002

6. FEI Number
46-0468047
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

RODDA, DENISE
8900 SW 117TH AVENUE
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD
City: PLANTATION FL Zip Code: 33324

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the duties and obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] James A. Bordenaro Assistant Secretary
REGISTERED AGENT MUST SIGN
Date 1/27/04

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	RAVEN, GREGORY K	735 Johnnie Dodds Blvd, Suite 103	Mt. Pleasant, SC 29464

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 re-instatement 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/Manage: [signature] Date 1/20/03 Daytime Phone # 843-971-9222

Typed or printed name of signing Member, Manager, or Trustee

Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

LIMITED LIABILITY REINSTATEMENT

RAVEN FINANCIAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$200.00

M02-783

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