

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000004784

1. Limited Liability Company's Name

Apex Financial Solutions, LLC

900179439539
04/30/10--01046--023 **793.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

7337 St. Andrews Rd

Suite, Apt. #, etc.

E

City & State

Irmo SC

Zip

29063

Country

Lexington

3. Mailing Office Address

7337 St. Andrews Rd

Suite, Apt. #, etc.

E

City & State

Irmo SC

Zip

29063

Country

Lexington

4. State/Country of Formation

SC USA

5. Date Organized or Qualified
To Do Business in Florida

8/29/2005

6. FEI Number

33-1119761

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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.

NRAI Services, Inc.

Signature of

Registered Agent

By: Matt Thompson

Matt Thompson, Assistant Secretary

REGISTERED AGENT MUST SIGN

Date *04/29/2010*

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
MBRM	JACOB COKE	469 Annandale Rd Columbia SC 29212	Columbia SC 29212
MBRM	Margaret Addison	100 Warden Hts Dr #814, Irmo SC 29063	Irmo, SC 29063

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11. E-mail Address: *Margaret@APEXFINANCIAL.NET*

(To be used for future annual report notifications)

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

Jacob Coke

Date *4/26/10*

Daytime Phone # *803-750-8040*

Typed or printed name of signing Managing Member/Manager *JACOB COKE*