

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

M96000000282

FILED

99 DEC 28 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000282

1. Limited Liability Company's Name

NATIONAL FINANCIAL COMPANIES LLC

2. Principal Office Address

700 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 200

City & State

BOCA RATON, FL.

Zip

33432

Country

USA

3. Mailing Office Address

700 S. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 200

City & State

BOCA RATON, FL.

Zip

33432

Country

USA

4. State/Country of Formation

DELAWARE / USA

5. Date Organized or Qualified To Do Business in Florida

09/01/96

6. FEI Number

65-0638388

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ REINSTATEMENT

8. Name and Address of Current Registered Agent

Name

COLLEEN S. McMILLAN, Esq.

200003088032-4

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

700 S. FEDERAL HIGHWAY

-01/05/00--01005--018

****255.00 ****255.00

Suite, Apt. #, Etc.

SUITE 200

City

BOCA RATON

State

FL

Zip Code

33432

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

Colleen S. McMillan

Date

12-22-99

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
MANAGING MEMBER	GARY L. SHAPIRO	476 ADDISON PARK LANE	BOCA RATON, FL. 33432

REINSTATEMENT 97-99

Colleen S. McMillan

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

Gary L. Shapiro

Date

12/22/99

Daytime Phone

(561) 417-0990

Typed or printed name of signing Managing Member/Manager

GARY L. SHAPIRO