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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

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M96000000282

Name and Mailing Address

0012066 01 AT 0.292 **AUTO T4 0 0615 33427-336969

NATIONAL FINANCIAL COMPANIES LLC

P.O. BOX 27-3369

BOCA RATON FL 33427-3369



| | | | |
|--|--|--|---|
| 2. New Mailing Address | | 4. State/Country of Formation DE | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 07/31/1996 | |
| Principal Place of Business 2600 S. OCEAN BLVD., #21F BOCA RATON FL 33432 | 3. New Principal Place of Business Address 22107 Martella Ave City, State, Zip Boca Raton, FL 33433 | 6. FEI Number 65-0638388 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent MCMILLEN, COLLEEN S 2600 S. OCEAN BLVD., #21F BOCA RATON FL 33432 | | 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 William E. McMillen Street Address (P.O. Box Number is Not Acceptable) 22107 Martella Ave City Boca Raton FL Zip Code 33433 | | | |
| 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 SIGNATURE REQUIRED Date 10/4/03 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 |
| MGR | SHAPIRO, GARY L | P.O. BOX 2224 24279 | CHRISTIANSTED ST. CROIX, VI 00824 USVI |
| | | 300024101963 10/27/03--01020--006 **150.00 | |
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| | | REINSTATEMENT 03 dec | |

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 10/21/03

Daytime Phone # 561-391-6851

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)