

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000123080

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** RELIABLE FINANCIAL MANAGEMENT, INC

**Current Principal Place of Business:**

8421 SOUTH ORANGE BLOSSOM TRAIL  
207  
ORLANDO, FL 32809

**New Principal Place of Business:**

8421 SOUTH ORANGE BLOSSOM TRAIL  
206  
ORLANDO, FL 32809

**Current Mailing Address:**

8421 SOUTH ORANGE BLOSSOM TRAIL  
207  
ORLANDO, FL 32809

**New Mailing Address:**

8421 SOUTH ORANGE BLOSSOM TRAIL  
206  
ORLANDO, FL 32809

**FEI Number:** 42-1718916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CASTILLO, MATILDE  
8421 SOUTH ORANGE BLOSSOM TRAIL  
207  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

CASTILLO, MATILDE  
8421 SOUTH ORANGE BLOSSOM TRAIL  
206  
ORLANDO, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATILDE CASTILLO

10/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASTILLO, MATILDE  
Address: 8421 SOUTH ORANGE BLOSSOM TRAIL # 207  
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete  
Name: CRISPIN, HUMBERTO  
Address: 8421 SOUTH ORANGE BLOSSOM TRAIL # 207  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CASTILLO, MATILDE  
Address: 8421 SOUTH ORANGE BLOSSOM TRAIL # 206  
City-St-Zip: ORLANDO, FL 32809

Title: VP (X) Change ( ) Addition  
Name: CRISPIN, HUMBERTO  
Address: 8421 SOUTH ORANGE BLOSSOM TRAIL # 206  
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATILDE CASTILLO

P

10/20/2009

Electronic Signature of Signing Officer or Director

Date