

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/03/04--01021--022 **205.00

2003-2004

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
L01000014146 Equity First Mortgage, LLC

2. Principal Office Address 8030 Philips Highway		3. Mailing Office Address 8030 Philips Highway	
Suite, Apt. #, etc. Suite 16		Suite, Apt. #, etc. Suite 16	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32256	Country Duval	Zip 32256	Country Duval

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 8/20/01	
6. FEI Number 59-3737873	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Priscilla J. Condon			
Street Address (P.O. Box Number is Not Acceptable) 776 Grand Parke Drive			
Suite, Apt. #, Etc.			
City Jacksonville		State FL	Zip Code 32259

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 Priscilla J. Condon Date 1/28/04
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
MGRM	Priscilla J. Condon	776 Grand Parke Drive	Jacksonville, FL 32259
MGRM	Monica Agate	1240 Lake Parke Drive	Jacksonville, FL 32259
MGRM	Jacquelyn C. Agate	371 Roscoe Blvd.	Ponte Vedra Beach, FL 32082

REINSTATEMENT 2003-2004
[Signature]

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 Priscilla J. Condon Date 1/28/04 Daytime Phone # 904-730-0280
Typed or printed name of signing Managing Member/Manager Priscilla J. Condon

CR2E041 (10/02)