

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 06, 2004 8:00 A.M.
Secretary of State

1. DOCUMENT # L02000012740
Name and Mailing Address

0000967 01 AV 0.278 **AUTO H5 0 0615 33431-851205



AM MORTGAGE, LLC
1900 NW CORPORATE BLVD
~~STE 400E~~
BOCA RATON FL 33431-8512

STE 100 WEST



US

2. New Mailing Address <i>(Same) STE 100 WEST</i>		4. State/Country of Formation FL	
City, State, Zip <i>(Same)</i>		5. Date Organized or Qualified To Do Business in Florida 05/24/2002	
Principal Place of Business 1900 NW CORPORATE BLVD STE 400E BOCA RATON FL 33431 US	3. New Principal Place of Business Address <i>Suite 100 WEST</i>	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent <i>OK</i> GAMMA ACCOUNTING & BUSINESS SERVICES, INC. 1900 NW CORPORATE BLVD STE 400E BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400025773084 12/26/03--01049--002 **150.00 City FL Zip Code	
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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]* **SIGNATURE REQUIRED** *Aceto* Date 12/26/03--01049--003 **50.00
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	GOLDBERG, IRA	10381 LAREINA RD	DELRAY BEACH FL 33446
MGR	GAYL INN, MARK	8720 CONCH COURT <i>6909 COBIA Circle, Boynton Beach, FL. 33439</i>	BOYNTON BEACH FL 33437

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]* **SIGNATURE REQUIRED** Date *11/3/03* Daytime Phone # *561-998-2550*
Typed or printed name of signing Managing Member/Manager *MARK GAYLINN*

CR2E084 (7/03)

Gamma Accounting & Business Services, Inc.
1900 NW Corporate Blvd. #400E
Boca Raton, FL 33431
Tel: 561.988.2565
Email: info@gammaaccounting.com

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November 9, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

RE: AM MORTGAGE, LLC

This is a request to reinstate and waive the late fees on my client's renewal because AM Mortgage, LLC did not receive any renewal notices.

Enclose you will find a singed UBR for 2003 and two checks for \$150 and \$50, respectively.

Sincerely,



Spiro Galanis
President
Gamma Accounting & Business Services, Inc.