
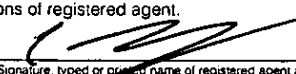
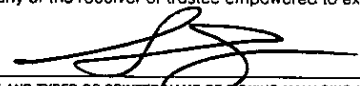


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 13 AM 9:23

DOCUMENT # M03000003222					
1. Entity Name ADVISORS MORTGAGE GROUP, L.L.C.					
Principal Place of Business 661 SHREWBURY AVE SHREWSBURY, NJ 07702			Mailing Address 661 SHREWBURY AVE SHREWSBURY, NJ 07702		
2. Principal Place of Business <b>2517 Hwy 35</b>		3. Mailing Address <b>2517 Hwy 35</b>			
Suite, Apt. #, etc. <b>Bldg B Suite 104</b>		Suite, Apt. #, etc. <b>Bldg B Suite 104</b>			
City & State <b>MANASSA, NJ</b>		City & State <b>MANASSA, NJ</b>			
Zip <b>08736</b>		Country <b>USA</b>		11292005 REIN-LLC CR2E101 (6/04)	
4. FEI Number 22-3626426		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name <b>C. TODD MEYER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3942 DERBY GLEN DRIVE</b> City <b>CLERMONT</b> FL Zip Code <b>34711</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, STEPHEN T 407 PINE ST. RED BANK, NJ 07701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, STEVEN T 2517 Hwy 35; Bldg B, Suite 104 MANASSA, NJ 08736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEYER, ALVAH F 407 PINE ST. RED BANK, NJ 07701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEYER, ALVAH F 2517 Hwy 35; Bldg B, Suite 104 MANASSA, NJ 08736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000621 19302 12/13/05--01042--008 **\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2005</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date <b>12/5/05</b>		Daytime Phone # <b>732-292-3133</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					