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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M95000000377

...TION ... FLORIDA ...EPARTMENT ...STATE
Jim ...th
...ret ...Sta...
...DIVISION OF CORPORATIONS

1. DOCUMENT # M95000000377

Name and Mailing Address

FILED

02 OCT 29 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0006952 01 FP 0.352 **PRSRT T1 0 0615 11553-361099
ARBOR COMMERCIAL MORTGAGE, LLC
333 EARLE OVINGTON BLVD.
UNIONDALE NY 11553-3610

CR2E084 (8/02)

2. New Mailing Address
7023 Bickham Lane
City, State, Zip
Charlotte, NC 28269

4. State/Country of Formation
NY

5. Date Organized or Qualified To Do Business in Florida
12/22/1995

Principal Place of Business
333 EARLE OVINGTON BLVD.
UNIONDALE NY 11553

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
11-3246656
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 2002

City FL Zip Code

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 Patrick A. Nolan Assistant Secretary Date 10/25/02
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	ARBOR MANAGEMENT, LLC	333 EARLE OVINGTON BLVD.	UNIONDALE NY 11553

700008666017
10/29/02--01069--007 **150.00

10/30 mst

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 Walter K. Horn Date 10/23/02 Daytime Phone # (516) 832-8405

Typed or printed name of signing Managing Member/Manager Walter K. Horn