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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000133088

1. Limited Liability Company's Name
1682 Birchwood, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1101 Miranda Lane		1101 Miranda Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#102		#102	
City & State		City & State	
Kissimmee, FL		Kissimmee, FL	
Zip	Country	Zip	Country
34741	USA	34741	USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 46-3695416 ☐ 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

Name: Cesar Delgado

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1101 Miranda Lane

Apt. #, Etc.: #102

City: Kissimmee | State: FL | Zip Code: 34741

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 10/26/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Cesar Delgado	1101 Miranda Lane, #102	Kissimmee, FL 34741

11. E-mail Address: cdelgado@mlbmortgage.com

(To be used for future annual report notifications)

12. *I certify that I am an authorized representative/ manager* or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 10/26/16 Daytime Phone #:

Typed or printed name of signing authorized representative/member: Cesar Delgado

RE 10b/4

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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BUREAU OF COMMERCIAL INFORMATION SERVICES

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1562 BIRCHWOOD LLC

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