

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

**DOCUMENT # L00000001249**

**1. Limited Liability Company's Name**

Banco Lopes Mortgage LLC

**2. Principal Office Address**

13600 SW 119th Street

Suite, Apt. #, etc.

**City & State**

Miami FL

**Zip**

33186

**Country**

US

**3. Mailing Office Address**

13600 SW 119th Street

Suite, Apt. #, etc.

**City & State**

Miami FL

**Zip**

33186

**Country**

US

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

02/02/2000

**6. FEI Number**

22-3708608-000

**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**

Leonel Freire Simoes Lopes

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

13600 SW 119th Street

Suite, Apt. #, Etc.

**City**

Miami

**State**  
FL

**Zip Code**

33186

**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**

**Date** 11/06/2003

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
MGR	Maria Dina Ramos	13600 SW 119th Street	Miami FL 33186

REINSTATEMENT

01/03/04  
dec

**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**

**Date**

11/06/2003

**Daytime Phone #** (786)234-3462

**Typed or printed name of signing Managing Member/Manager**

Maria Dina Ramos

Banco Lopes Mortgage LLC  
13600 SW 119<sup>th</sup> Street  
Miami FL 33186

TO:  
Florida Department State  
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee FL 32399

RE: LLC Reinstatement

Dear Sir/Madam

Please find attached the fulfilled application form for  
Banco Lopes Mortgage LLC reinstatement. Also find a check in the amount  
of \$255.00 to cover: Reinstatement Fee - \$100.00

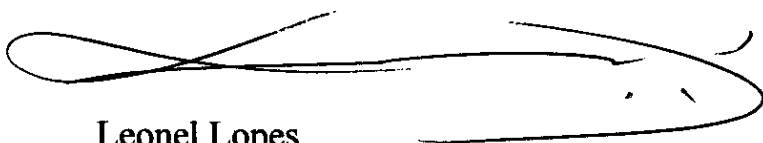
Annual Report fee for 2001, 2002 and 2003 \$150.00  
( \$50.00 each year )

Certificate of status Fee \$5.00

Total \$255.00 Check #1416

Please let me know if there's anything else needed.

Very truly,

A handwritten signature in black ink, appearing to read 'Leonel Lopes', with a large, stylized loop at the end.

Leonel Lopes