

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 12 PM 1:37

**DOCUMENT #** L00000001279

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

Florida Mortgage Network, LLC

**2. Principal Office Address**

700 W. Hillsboro Blvd.

Suite, Apt. #, etc.

Suite 204

City & State

Deerfield Beach, FL

Zip

33441

Country

U.S.

**3. Mailing Office Address**

1500 NW 62nd Street

Suite, Apt. #, etc.

Suite 414

City & State

Fort Lauderdale, FL

Zip

33309

Country

U.S.

**4. State/Country of Formation**

Florida/U.S.

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

2/3/00

**6. FEI Number**

65-0982143

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

Scott Taylor

900004729359-3

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

700 West Hillsboro Blvd.

-12/17/01--01093--005

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

Suite 204

City

Deerfield Beach

State

FL

Zip Code

33441

**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

REGISTERED AGENT MUST SIGN

Date

12/6/01

**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
Pres.	Tammy White - MGR	1500 NW 62nd Street	Ft. Lauderdale, FL 33309
Sec./ Treas.	Bill Porte - MGR	1500 NW 62nd Street	Ft. Lauderdale, FL 33309
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	<b>REINSTATEMENT</b>	200!	

**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

12/6/01

Daytime Phone #

954/202-0176

Typed or printed name of signing Managing Member/Manager

Tammy White