

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**

01 OCT 19 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000003405

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

THE MORTGAGE EXPERT'S L.L.C.

**2. Principal Office Address**

300 31<sup>ST</sup> ST. NORTH

Suite, Apt. #, etc.

565

City & State

ST. PETERSBURG, FL.

Zip

33713

Country

U.S.A.

**3. Mailing Office Address**

300 31<sup>ST</sup> ST. NORTH

Suite, Apt. #, etc.

565

City & State

ST. PETERSBURG, FL.

Zip

33713

Country

U.S.A.

**REINSTATEMENT**

2001

**4. State/Country of Formation**

FLORIDA

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

05/14/00

**6. FEI Number**

59-3632480

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$300 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

MARGARET PHILLIP

000004652500-2

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

300 31<sup>ST</sup> STREET NORTH

Suite, Apt. #, Etc.

565

City

ST. PETERSBURG

State

FL

Zip Code

33713

**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

*Margaret Phillip*

REGISTERED AGENT MUST SIGN

Date 10/18/01

**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

MSRM MARGARET PHILLIP 300 31<sup>ST</sup> STREET NORTH ST. PETERSBURG, FL. 33713

**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

Typed or printed name of signing Managing Member/Manager

Date 10/18/01

Daytime Phone (727) 323-7876

MARGARET PHILLIP

CR20041 (9/01)