

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003821

1. Limited Liability Company's Name

Mortgage Florida, LC
564 North Semoran Boulevard
Orlando, Florida 32807

2. Principal Office Address

SAB

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1500 Lee Road

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, Florida 32810

Zip

Country

4. State/Country of Formation

Florida, Orange

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

April 4, 2000

6. FEI Number

59-3639502

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Douglas F. Long

Please note on the original form mailed

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

1500 Lee Road, Suite 200

April 20, 2001 we changed the registered

Suite, Apt. #, Etc.

agent to Douglas F. Long, instead of

City

Orlando, Florida

State

FL

Zip Code

Jeffrey Vratana

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 October 15, 2001

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
Mgn Member	John S. Huebner	564 North Semoran Boulevard	Orlando, Florida 32807
Mgn Member	Douglas F. Long	1500 Lee Road, Suite 200	Orlando, Florida 32810
800004676438--9 -11713701--01051--001 *****60.00 *****60.00			

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 4-19-01

Daytime Phone # (407) 578-2000

Typed or printed name of signing Managing Member/Manager Douglas F. Long