

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000011715

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011715

1. Limited Liability Company's Name

Capstone Mortgage Funding, LLC

2. Principal Office Address

4532 US Highway 19, 2nd Flr.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

USA

3. Mailing Office Address

3232 Newmark Drive

Suite, Apt. #, etc.

City & State

Miamisburg, OH

Zip

45342

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/25/00

6. FEI Number

59-3728252

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Susan Metz

Susan J. Metz

Assistant Secretary

Date

10/3/03

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
MGRM	John D. Walter	3232 Newmark Drive	Miamisburg, OH 45342
MGR	Allen S. Crumley	4532 US Highway 19 N, Suite 100	New Port Richey, FL 34652
MGR	D. Dewey Mitchell	4532 US Highway 19 N, Suite 100	New Port Richey, FL 34652

REINSTATEMENT 2002-2003

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

John D. Walter

Date

Daytime Phone# (937) 910-4373

Typed or printed name of signing Managing Member/Manager

John D. Walter, Vice President of NCMC, Managing Member

CR2E041 (10/02)