

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L00000012782**

1. Limited Liability Company's Name

Hovde Financial LLC

**REINSTATEMENT 2001-2002**

**FILED**  
03 JAN 17 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**600009346406**  
12/04/02--01035--002 \*\*155.00

12/18/02 01035001 50.00

2. Principal Office Address 1801 N. Flagler Drive Suite, Apt. #, etc. Suite 207 City & State West Palm Beach, Florida Zip 33407		3. Mailing Office Address 1826 Jefferson Place, N.W. Suite, Apt. #, etc. City & State Washington, D.C. Zip 20036	
Country USA	Country USA	Country USA	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/16/02	
6. FEI Number 58-2579881	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**Nickolas J. Barbarine**  
Street Address (P.O. Box Number is Not Acceptable)  
**1801 N. Flagler Drive**  
Suite, Apt. #, Etc.  
**Suite 207**  
City  
**West Palm Beach**

State  
**FL**  
Zip Code  
**33407**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **11/27/02**

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	Eric D. Hovde	1826 Jefferson Place, N.W.	Washington, D.C. 20036

**REINSTATEMENT**

**2001-2002**

*[Signature]*  
*[Signature]*

THIS REINSTATEMENT WAS SUPPOSED TO  
HAVE BEEN FILED IN DECEMBER 2002.

It was not filed till 1/17/03. And does NOT  
include \$50.00 for 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 608.408, 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

*[Signature]*

Date **11/27/02**

Daytime Phone # **202-775-8109**

Typed or printed name of signing Managing Member/Manager **Eric D. Hovde**