

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

OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000014241

1. Limited Liability Company's Name

OLYMPIA LOAN GROUP

REINSTATEMENT 2001

2. Principal Office Address

1320 S. DIXIE HWY

Suite, Apt. #, etc.

#781

City & State

CORAL GABLES, FL

Zip

33146

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL CORAL GABLES

Zip

Country

4. State/Country of Formation

FL - U.S.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1066280

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent 300004658403-1

Name

ALLEN GREENWARD

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

1320 S. DIXIE HWY

Suite, Apt. #, Etc.

#781

City

CORAL GABLES

State

FL

Zip Code

33146

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

Date

10/15/01

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	ERIC SCHWARTZ	0602 EPPLEY DR.	ASPEN, CO. 81611
MGRM	ELSTON INVESTMENT PARTN: NO 82 / OLYMPIA	38304 NORTH NORTH SHORE AVE.	BEACH PARK, ILL 60087
MGRM	GARY BROWN	4000 HOLLYWOOD BLVD	HOLLYWOOD, FL 33021
MGRM	DENNIS EISINGER	SUITE 265-S	
MGRM	GARY PHILLIPS		
MGRM	STEPHAN BITTEL	1200 BRICKELL AVE	MIAMI 33131

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager