

10-4-02
400.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:56

DOCUMENT # **LO1000011911**

1. Limited Liability Company's Name

FORECLOSURE ASSET LIQUIDATION, LLC

CR2E041 (8/05)

2. Principal Office Address

7000 WEST PALMETTO PARK RD.

Suite, Apt. #, etc.

402

City & State

BOCA RATON, FLA.

Zip

33433

Country

USA

3. Mailing Office Address

7000 W. PALMETTO PARK ROAD

Suite, Apt. #, etc.

402

City & State

BOCA RATON, FLA.

Zip

33433

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

7/17/2001

6. FEI Number

☒ 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

STEVEN B. GREENFIELD, P.A.

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

7000 W. PALMETTO PARK ROAD

Suite, Apt. #, Etc.

402

City

BOCA RATON,

State

FL

Zip Code

33433

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

1/17/07

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
MANAGING MEMBER	BRIAN DIAS	7000 W. PALMETTO PARK RD.	BOCA RATON, FLA. 33433
			100087732191 02/08/07--01037--018 **50.00
			REINSTATEMENT 02-07
			100087732191 02/08/07--01037--018 **350.00

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager