

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Limited Liability Company's Name**

L01000014146 Equity First Mortgage, LLC

500029750145  
03/03/04--01021--022 \*\*205.00

2003-2004

**2. Principal Office Address**

8030 Philips Highway

Suite, Apt. #, etc.

Suite 16

City & State

Jacksonville, FL

Zip

32256

Country

Duval

**3. Mailing Office Address**

8030 Philips Highway

Suite, Apt. #, etc.

Suite 16

City & State

Jacksonville, FL

Zip

32256

Country

Duval

**4. State/Country of Formation**

Florida, USA

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

8/20/01

**6. FEI Number**

59-3737873

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

Priscilla J. Condon

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

776 Grand Parke Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

**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

*Priscilla J. Condon*  
REGISTERED AGENT MUST SIGN

Date

1/28/04

**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	Priscilla J. Condon	776 Grand Parke Drive	Jacksonville, FL 32259
MGRM	Monica Agate	1240 Lake Parke Drive	Jacksonville, FL 32259
MGRM	Jacquelyn C. Agate	371 Roscoe Blvd.	Ponte Vedra Beach, FL 32082

REINSTATEMENT 2003-2004  
*Q*

**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

*Priscilla J. Condon*  
Priscilla J. Condon

Date

1/28/04

Daytime Phone #

904-730-0280

Typed or printed name of signing Managing Member/Manager

Priscilla J. Condon