

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017940

Name and Mailing Address

0016162 01 MB 0.309 **AUTO T9 0 0615 37221-170201



UNION AMERICAN MORTGAGE SERVICES L.L.C
7501 HWY 70 SOUTH
NASHVILLE TN 37221-1702



US

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/18/2001	
Principal Place of Business 7501 HWY 70 SOUTH NASHVILLE TN 37221 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 62-1767383	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent CARVALHO, LUMENA M 2497 N.W. 87TH LANE SUNRISE FL 33322	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200024338272 City 10/31/03--01079--01 FL ##150300
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10. 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 *Lumena Carvalho* **SIGNATURE REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	CARVALHO, MICHAEL C	7501 HWY 70 SOUTH	NASHVILLE TN 37221
S	HEWITT, THOMAS C JR	7501 HWY 70 SOUTH	NASHVILLE TN 37221

REINSTATEMENT 03 dce

12. 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 *[Signature]* **SIGNATURE REQUIRED** Date 10-24-03 Daytime Phone # 615-646-5381

Typed or printed name of signing Managing Member/Manager