

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR 29 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019629

1. Limited Liability Company's Name  
Eagle Crest Mortgage, L.L.C.

2. Principal Office Address

9010 Estero River Cir

Suite, Apt. #, etc.

3. Mailing Office Address

9010 Estero River Cir

Suite, Apt. #, etc.

City & State

Estero, FL 33928

City & State

Estero, FL

Zip

33928

Country

USA

Zip

33928

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 11/14/01

6. FEI Number

65-1153621

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

Robert J. Gleason

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

4629 SW 23rd Avenue

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

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

3/23/04

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
MGR	Robert J. Gleason	4629 SW 23rd Avenue	Cape Coral, FL 33914
		4-26-03 91002-024	\$5000
		REINSTATEMENT	03-04

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

3/23/04

Daytime Phone # 239-872-0530

Typed or printed name of signing Managing Member/Manager Robert J. Gleason

CR2E041 (10/02)