

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

04 MAR -8 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L01000020957

Name and Mailing Address

0013659 01 AT 0.292 **AUTO T9 0 0615 34639-445210

UNITED LENDERS OF AMERICA, L.L.C.
3210 STIVERSON ROAD
LAND O LAKES FL 34639-4452



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| | | | |
|--|--|--|-------------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 11/30/2001 | |
| Principal Place of Business 3210 STIVERSON ROAD LAND O LAKES FL 34639 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 59-3759252 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent RALSTON, CHAD 7703 CITRUS FIELD COURT TAMPA FL 33625 | | 9. Name and Address of New Registered Agent Name <u>Chad Ralston</u> Street Address (P.O. Box Number is Not Acceptable) <u>16705 Rolling Rock Dr.</u> City <u>Tampa</u> FL Zip Code <u>33618</u> | |
| 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 <u>[Signature]</u> Date <u>3/4/04</u> 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 |
| MGR | RALSTON, CHAD | 7703 CITRUS FIELD COURT | TAMPA FL 33625 |
| | | 700031055777 03/24/04--01018--020 **205.00 | |
| REINSTATEMENT 2003-2004 | | | |
| 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 <u>[Signature]</u> | | Date <u>3/4/04</u> | Daytime Phone # <u>813-944-0455</u> |
| Typed or printed name of signing Managing Member/Manager | | | |

CR2E034 (7/03)