

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 24 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L01000022496

**1. Limited Liability Company's Name**  
HOME FIRST FUNDING, L.L.C.

**2. Principal Office Address**

1500 Lee Road

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32810

Country

USA

**3. Mailing Office Address**

1500 Lee Road

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32810

Country

USA

**4. State/Country of Formation**

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

Dec. 26, 2001

**6. FEI Number**

32-0000189

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

Michael J. Gasdick, Esquire

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

37 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 210

City

Orlando

State  
FL

Zip Code

32801

**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

*Michael J. Gasdick*

REGISTERED AGENT MUST SIGN

Date 10/14/02

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGR    | Lisa Vratana                         | 1500 Lee Road, Suite 200                          | Orlando, FL 32810  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**REINSTATEMENT**

2002

*By*

**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

*Lisa M. Vratana*

Date

10/18/02

Daytime Phone #

407-578-2000

Typed or printed name of signing Managing Member/Manager

Lisa M. Vratana

CR2E041 (9/01)