

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT

L02000002700

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

1. DOCUMENT # L02000002700

Name and Mailing Address

0011094 01 AT 0.292 **AUTO TO 0 0615 34243-490006



AMERICAN FAMILY FINANCIAL, LLC
7606 N. LOCKWOOD RIDGE ROAD
SARASOTA FL 34243-4900

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200023972872
10/21/03--01081--009 **50.00



CR2E084 (7/03)

2. New Mailing Address SAME AS BELOW		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/04/2002	
Principal Place of Business 7606 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34243	3. New Principal Place of Business Address SAME City, State, Zip	6. FEI Number 27-0000729	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MARQUETTE, BRIAN K 1133 4TH STREET SUITE 214 SARASOTA FL 34236	9. Name and Address of New Registered Agent Name BRIAN K. MARQUETTE Street Address (P.O. Box Number is Not Acceptable) 4828 PALM AIRE DRIVE City SARASOTA FL 34243
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10. I, being appointed the registered agent of the above named company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date **10/16/03**

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
MGRM	MARQUETTE, BRIAN K	4828 PALM AIRE DRIVE	SARASOTA FL 34243
200023972872 10/21/03--01081--010 **5.00			
REINSTATEMENT 03 cis dec			

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 Date **10/16/03** Daytime Phone # **941-359-8492**

Typed or printed name of signing Managing Member/Manager



MARQUETTE Mortgage

Subsidiary of American Family Financial, LLC

20/2

October 16, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find our completed Certificate of Administrative Dissolution. As per your request, attached you will find a check in the amount of \$50.00 to renew our license. We recently changed our address with the Division of Corporations in July, and never received any notice for renewal. In addition, please find a check in the amount of \$5.00 for a Certificate of Status.

Thank you for your assistance with this matter.

Sincerely Yours

Brian K. Marquette
Owner/Broker