

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 10 PM 4:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 102000009328

1. Limited Liability Company's Name

Approved Florida Mortgage LLC

2. Principal Office Address

950 S Pine Island Road

Suite, Apt. #, etc.

Suite 150

City & State

Plantation FL

Zip

33324

Country

Broward

3. Mailing Office Address

950 S Pine Island Road

Suite, Apt. #, etc.

Suite 150

City & State

Plantation FL

Zip

33324

Country

Broward

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/17/2002

6. FEI Number

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 Santos

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

950 S Pine Island Road

Suite, Apt. #, Etc.

Suite 150

City

Plantation

State

FL

Zip Code

33324

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 11/06/2003

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 SANTOS	12302 NW 53 ST	CORAL SPRINGS FL 33076
			000024511100 11/07/03--01061--014 **155.00

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 12-7-03

Daytime Phone # 954-727-8264

Typed or printed name of signing Managing Member/Manager

ROBERT J SANTOS

MJH

12/10 2003

REINSTATEMENT 2003

CR20041 (10/02)