PLEASE READ ALL INSTRUCTI[illegible] BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPART[illegible]T OF STATE
Glenda E[illegible]od
Secretary [illegible]ate
DIVISION OF CORPORATIONS

FILED
04 MAR -3 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000013183

Name and Mailing Address

0015371 01 MB 0.309 **AUTO T7 0 0615 08750-290308
AMERICAN MORTGAGE FINANCIAL GROUP, LLC
508 WASHINGTON BLVD.
SEA GIRT NJ 08750-2903

2003-2004

2. New Mailing Address
2800 South OCEAN Blvd Unit 12K
City, State, Zip
Boca Raton FL 33432

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
05/30/2002

Principal Place of Business
~~508 WASHINGTON BLVD.~~
~~SEA GIRT NJ 08750~~
Same as above

3. New Principal Place of Business Address
City, State, Zip
Boca Raton FL 33432

6. FEI Number
01-0699381
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

~~American Mortgage Financial Group~~
~~COMPLIANCE CONSULTING CORPORATION OF FL~~
~~521 LAKE AVE. STE. 4~~
~~LAKE WORTH FL 33460~~
~~2800 South OCEAN Blvd 12K~~
~~Boca Raton FL 33432~~

Name & Address of Current Registered Agent

Salvatore Pappalardo
2800 South OCEAN Blvd 12K
Boca Raton FL 33432

New Registered Agent

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 SIGNATURE REQUIRED Date 10/20/03
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
President	Salvatore Pappalardo	1908 Goldine Ct	Wall, NJ 07719

700024186747
10/28/03--01010--019 **150.00

700024186747
03/03/04--01042--002 **50.00

REINSTATEMENT 2003-2004

703A 00066118

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 [illegible] 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/Manage SIGNATURE REQUIRED Date 10/20/03 Daytime Phone # 561 367-8482

Typed or printed name of signing Managing Member/Manager Salvatore Pappalardo

CR2E084 (7/03)