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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations
REINSTATEMENT
L02000028747

APPROVED
 AND
 FILED

03 OCT 22 PM 12:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028747

Name and Mailing Address

0005359 01 AT 0.292 **AUTO T1 0 0615 33065-41521



AMSTAR MORTGAGE SERVICES, LC
 9337 W. SAMPLE ROAD
 SUITE 201
 CORAL SPRINGS FL 33065-4152

US



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/28/2002	
Principal Place of Business 9337 W. SAMPLE ROAD SUITE 201 CORAL SPRINGS FL 33065 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent RUBINOFF, LARRY 9337 W. SAMPLE ROAD SUITE 201 CORAL SPRINGS FL 33065		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address City FL Zip Code		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 <i>[Signature]</i> SIGNATURE REQUIRED Date 10/20/02 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
PRES	LARRY RUBINOFF	9337 W. SAMPLE RD S. 201 CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065
		100024281901 10/30/03--01017--015 **150.00	

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/20/02 Daytime Phone # 954 255-1119

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)