

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

DIVISION OF CORPORATIONS

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MIZNER MORTGAGE, LLC
601 S. FEDERAL HIGHWAY, STE 150
BOCA RATON FL 33432-6031



REINSTATEMENT 2003

2. New Mailing Address 2250 Glades Road, 2nd Floor City, State, Zip Boca Raton, FL 33431		4. State/Country of Formation FL	
Principal Place of Business 601 S. FEDERAL HIGHWAY, STE 150 BOCA RATON FL 33432		5. Date Organized or Qualified To Do Business in Florida 11/21/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 14-1863771 Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent COHEN, GREGORY R 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400024703224 11/14/03--01026--005 **150.00 City FL Zip Code	
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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]** **REGISTERED AGENT MUST SIGN** Date **10/21/2003**

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
owner	Linda Innella MGRM	561 SW 15 St. Boca	Boca Raton, FL 33432
owner	Alan Innella MGRM	561 SW 15 Street	Boca Raton, FL 33432
personal representative manager President	John Griffiths MGR	5647 Kimberton Way	Lake Worth, FL 33463
REINSTATEMENT 2003			

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]** Date **10/21/2003** Daytime Phone # **(561) 361-0544**

Typed or printed name of signing Managing Member/Manager **Linda Innella MGRM**