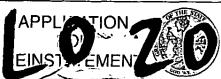
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



L02000031433

Name and Mailing Address

03 HOV 14 AM 8: 33 W 11/26

0012154 01 AT 0.292 \*\*AUTO T4 0 0615 33432-603101 MIZNER MORTGAGE, LLC
601 S. FEDERAL HIGHWAY, STE 150 BOCA RATON FL 33432-6031

## REINSTATEMENT

2. New Mailing Address 2250 Glades Road 2	State/Country of Formation     FL						
City, State, Zip Boca Raton, FL 3	Boca Raton, FL 33431.			5. Date Organized or Qualified To Do Business in Florida 11/21/2002			
cipal Place of Business 601 S. FEDERAL HIGHWAY, STE 150 BOCA RATON-FL 33432			111 1 <i>0</i> 1 22 -			/2002 Applied For Not Applicable	
City, State, Z	City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
COHEN, GREGORY R	Name						
712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408	Street Address (P.O. Box Number is Not Acceptable)						
		11/14/0301026005 **150.00					
	City	Tip Code					
10. I, being appointed the register of agent of the above parted limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date Registered Agent MUST SIGN							
11. Names and Street Aduresses of Each Maniging Member/Manager							
Title(s)  Name of Managing Members/Managers	Members/Managers Manag		at Address of Each ng Member/Mañager  City / State / Zin			<u> </u>	
owner Linda Innella Marm-	561 SW 1	5St Ba	60	Boca Rati	$\frac{1}{20}$ , F	7 33432	
wer Alan Innella Man	561 SW	15 31	rect	BocaRata	n, Fi	2 3343 2	
are hor John Griffiths	5647 K	<u>imbert</u>	on Way	Lakewaan	PI	33463	
· · · · · · · · · · · · · · · · · · ·					· ·		
REINSTATEME	N 200	3					

12. I certify that I am managing nember/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 reasy 100 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 imperfect liability imparts been paid. The information indirection in this application is true and accurate, and my signature shall have the same legal effect as if made un

Managing Member/Manag