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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032329

Name and Mailing Address

0015996 01 MB 0.309 \*\*AUTO TS 0 0615 32408-710726

RELIABLE MORTGAGE, LLC  
4626 DELWOOD VIEW BLVD.  
PANAMA CITY BEACH FL 32408-7107

2. New Mailing Address

225 MAIN ST. SUITE #14

City, State, Zip

DESTIN, FL 32541

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/03/2002

Principal Place of Business

4626 DELWOOD VIEW BLVD.  
PANAMA CITY BEACH FL 32418

3. New Principal Place of Business Address

225 MAIN ST SUITE #14

City, State, Zip

DESTIN, FL 32541

6. FEI Number

81-0588307

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

WEST, ROBERT  
4626 DELWOOD VIEW BLVD.  
PANAMA CITY BEACH FL 32418  
32408

9. Name and Address of New Registered Agent

Name

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

City

000024168810  
10/27/03--01072--000 FL\*\*150000

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 AgentSIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/20/03

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
MGRM	WEST, ROBERT	4626 DELWOOD VIEW BLVD.	PANAMA CITY BEACH FL 32418
MGRM	PHILPOT, JOHN	1717 COLONIAL CT.	FT. WALTON BEACH FL 32547

REINSTATEMENT

03  
dec

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 REQUIRED

Date 10-20-03 Daytime Phone # 850-654-9900

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)