2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000032669

Entity Name: FLEMING MORTGAGE SERVICES, LLC.

FILED Nov 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2123 SW 20TH PLACE SUITE 102 OCALA, FL 34474

Current Mailing Address: New Mailing Address:

2123 SW 20TH PLACE SUITE 102 OCALA, FL 34474

FEI Number: 13-4229448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLEMING, WILLIAM H 2123 SW 20TH PLACE 102 OCALA, FL 34474 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM H. FLEMING 11/20/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Name: FLEMING, WILLIAM H Address: 9389 SW 14TH AVE

City-St-Zip: OCALA, FL 34476

Title: ACC () Delete
Name: WITTERS, MARYANN ACC MNG

Address: 10686 SE 129 LN City-St-Zip: BELLEVIEW, FL 34420 US ADDITIONS/CHANGES:

 $\begin{array}{lll} \hbox{Title:} & \hbox{MGR} & (\hbox{X}) \hbox{ Change () Addition} \\ \hbox{Name:} & \hbox{FLEMING, WILLIAM H} \end{array}$

Address: 2123 SW 20TH PLACE #102

City-St-Zip: OCALA, FL 34474

Title: MGR (X) Change () Addition Name: RYALS, LORRAINE OFFICE Address: 1020 SE 50TH TERRACE City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM H. FLEMING MGR 11/20/2007