

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 23 PM 1:36

1. DOCUMENT # L02000033568

Name and Mailing Address

0003930 01 AT 0.292 **AUTO T6 0 0615 32835-652550



GENEROUS MORTGAGE SERVICES LLC
7650 ST STEPHENS CT
ORLANDO FL 32835-6525



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 7650 ST STEPHENS CT ORLANDO FL 32835		5. Date Organized or Qualified To Do Business in Florida 12/13/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For 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 MARK, JOHNSTON 7650 ST STEPHENS CT ORLANDO FL 32835		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 [Signature] **REGISTERED AGENT MUST SIGN** Date 1/3/04

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
Mgr	Mark Johnston	7650 St Stephens Ct	Orlando FL
			900027521799 01/23/04--01053--011 **200.00
			REINSTATEMENT 03.04 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] **REGISTERED AGENT MUST SIGN** Date 1/3/04 Daytime Phone # 407-522-6555
Typed or printed name of signing Managing Member/Manager _____

CR2E094 (7/03)