

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 4:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L0200034571

1. Limited Liability Company's Name

FLORIDA Mortgage Finance, LLC

2. Principal Office Address

9126 NW 2 Street

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Zip

33071

Country

BROWARD

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

Dec 2002

6. FEI Number

06-16732-82

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Anthony Venter

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

9126 NW 2 Street

Suite, Apt. #, Etc.

City

Coral Springs FL 33071

State

FL

Zip Code

9. 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]

Date 12-1-03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles

**Name of
Managing Members/Managers**

**Street Address of Each
Managing Member/Manager**

City / State / Zip

President Anthony Venter

9126 NW 2 Street

608824286716

10/28/03--01053--001 **150.00

Coral Springs FL 33071

10/28/03--01053--001 **150.00

REINSTATEMENT 2003

11. 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 10-24-03 **Daytime Phone #**

Typed or printed name of signing Managing Member/Manager