

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 25 AM 10:52

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000002531

1. Limited Liability Company's Name

Asset Servicing Group, L.L.C.

2. Principal Office Address

1109 North Avenue

3. Mailing Office Address

1109 North Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Maitland, Florida

Zip

32751

Country

United States

Zip

32751

Country

United States

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified
To Do Business in Florida

January 22, 2003

6. FEI Number

14-1870052

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

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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]
REGISTERED AGENT MUST SIGN

Date

September 14, 2006

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
Manager	H. Thomas Moran	948 W. Hefner Road	Oklahoma City, OK 73114

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

9/19/2006

Daytime Phone # (405) 820-0852

Typed or printed name of signing Managing Member/Manager

H. Thomas Moran, Manager