APR-20-2005 16:56 CORPORATION P.02/02

L03000004596

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # L03000004596**

**REINSTATEMENT** 2004-2005

1. Limited Liability Company's Name
Mortgage Connect, LLC

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 314 Clematis Street | | 314 Clematis Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 200 | | Suite 200 | |
| City & State | | City & State | |
| West Palm Beach, FL | | West Palm Beach, FL | |
| Zip | Country | Zip | Country |
| 33401 | USA | 33401 | USA |

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business In Florida
February 6, 2003

6. FEI Number — Applied For ☐ — Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
Jason R. Regalbuto

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

Suite, Apt. #, Etc.
Suite 200

| City | State | Zip Code |
|---|---|---|
| West Palm Beach, FL | FL | 33401 |

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 _____ REGISTERED AGENT MUST SIGN Date 4/19/05

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 |
|---|---|---|---|
| MGRM | Jason R. Regalbuto | 160 Seabreeze Avenue | Palm Beach, FL 33480 |
| | | | |
| | | | |
| | | | T. Brumbley APR 2 1 2005 |
| | | | |
| | | | |

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 _____ Date 4/19/05 Daytime Phone # 561-655-6418

Typed or printed name of signing Managing Member/Manager Jason R. Regalbuto

CREG1 (10/00)

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Division of Corporations
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## LIMITED LIABILITY REINSTATEMENT

### MORTGAGE CONNECT LLC

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