

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000027446

1. Limited Liability Company's Name

Autumn Finance, L.L.C.

2. Principal Office Address

1320 Bridgeport Dr.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip
32789

Country
USA

3. Mailing Office Address

1320 Bridgeport Dr.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip
32789

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 15 AM 9:17

400061451774
12/15/05--01049--017 **45.00

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Russell L. Forkey

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

Russell L. Forkey, PA

Suite, Apt. #, Etc.

2888 East Oakland Park Boulevard

City
Fort Lauderdale

State
FL

Zip Code
33306

400061451774
11/15/05--01078--021 **155.00

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 11-09-2005

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
D	Thomas P. Trevisani, MD	1320 Bridgeport Dr.	Winter Park, FL 32789

REINSTATEMENT 04-05

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

Thomas P. Trevisani MD

Date 11-9-05

Daytime Phone # 407-276-2680

Typed or printed name of signing Managing Member/Manager Thomas P. Trevisani, MD