

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -6 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000104227980
06/11/07--01054--021 **150.00

DOCUMENT # L04000016185

1. Limited Liability Company's Name

CDF TAX, FLOOD & INSURANCE SERVICES, LLC

REINSTATEMENT 05-07
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1417 No. Magnolia Ave.

Suite, Apt. #, etc.

3. Mailing Office Address
101 NE 2nd Street

Suite, Apt. #, etc.

City & State
Ocala, Florida

City & State
Ocala, FL

Zip
34475

Country
USA

Zip
34470

Country
USA

4. State/Country of Formation
Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida** **3/01/2004**

6. FEI Number

☒ 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
Margaret A. Potter

Street Address (P.O. Box Number is Not Acceptable)
101 NE 2nd Street

Suite, Apt. #, Etc.

City
Ocala

State **Zip Code**
FL 34470

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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**

Margaret A. Potter
REGISTERED AGENT MUST SIGN

Date **June 05, 2007**

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	Taylor, Bean & Whitaker Mortgage Corp	101 NE 2nd Street	Ocala, FL 34470

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**

Lee B. Farkas

Date **June 5, 2007** **Daytime Phone #** **352-671-0004**

Typed or printed name of signing Managing Member/Manager **Taylor, Bean & Whitaker Mortgage Corp Lee B. Farkas, Secretary**