

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -9 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000060120

1. Limited Liability Company's Name

AMERICAN LENDING CENTER, LLC

05

500128904355
05/09/08--01034--003 **555.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

320 S. Flamingo Road

Suite, Apt. #, etc.

Suite 349

City & State

Pembroke Pines, Florida

Zip

33027

Country

3. Mailing Office Address

320 S. Flamingo Road

Suite, Apt. #, etc.

Suite 349

City & State

Pembroke Pines, Florida

Zip

33027

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/13/2004

6. FEI Number

20-1492052

☐ 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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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 SPIEGEL & UTRERA, P.A.

Registered Agent By: *Natalia Utrera*

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date

5-8-08

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
MGR	Henri, Rony	320 S. Flamingo Road, Suite 349	Pembroke Pines, Florida 33027
ST	Henri, Rony	320 S. Flamingo Road, Suite 349	Pembroke Pines, Florida 33027

REINSTATEMENT 2005 - 2008

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

Rony Henri

Date

05/08/08

Daytime Phone #

954-821-4833

Typed or printed name of signing Managing Member/Manager

Rony Henri