

SEP. 23. 2005 9:41AM

SEP. 19. 2005 12:50PM

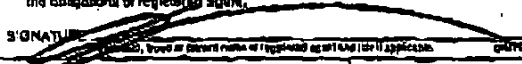
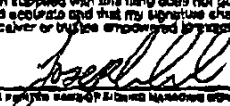
NO. 620

P. 2

NO. 495 P. 3

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L04000081698			
1. Entity Name NATIONAL REAL ESTATE PROCESSING SERVICES, L.L.C.			
Principal Place of Business 2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US		Mailing Address 2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
09102005 REIN-LLC		CFR2101 (8/04)	
4. FE Number 20-1869563		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEINBERG, STEVEN A 7805 S.W. 5TH COURT PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 9/19/05	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.153(2)(b), P.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ONDE, JOSEPH 2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(D), Florida Statutes. I further certify that the information furnished on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to prepare this report as required by Chapter 628, Florida Statutes.			
SIGNATURE: 		MGRM 9/19/05 (561) 988-1122	

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L04000081696

Florida Department of State
Division of Corporations
Public Access System

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9/19/05*

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

NATIONAL MORTGAGE PROVIDERS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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