

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV -3 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

LD4000088852

1. Limited Liability Company's Name

Ace Residential Mortgage L.L.C.

2. Principal Office Address

4210 Del Prado Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4210 Del Prado Blvd. S.

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Cape Coral

Zip

FL 33914 U.S.A.

Zip

33904 U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

41-2019728

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Richel Shueman

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

229 N.W. 10th St

Suite, Apt. #, Etc.

500081476915

11/03/06--01003--011 \*\*100.00

City

Cape Coral

State

FL

Zip Code

33903

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

*[Signature]*

Date

10/30/06

REGISTERED AGENT MUST SIGN

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
MEM	Brett Shueman	229 N.W. 10th St	Cape Coral, FL 33903

REINSTATEMENT

05-06

11/6/06

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

*[Signature]*

Date

10/30/06

Daytime Phone#

239-540-4968

Typed or printed name of signing Managing Member/Manager

BRETT SHIREMAN

10/30/02

20f2

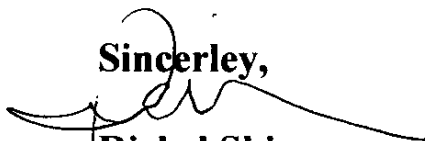
**ACE RESIDENTIAL MORTGAGE LLC  
4210 Del Prado Blvd. South  
Cape Coral, FL33904**

**Ace Residential Mortgage LLC certifies that we have  
moved our office to a permanent address which is 4210  
Del Prado Blvd. South Cape Coral, FL. 33904**

**Ace Residential Mortgage did not receive the annual  
report form that we need to fill out. Enclosed is our LLC  
reinstatement and \$100.00 fee.**

**Thank you for your consideration**

**Sincerley,**



**Richel Shireman  
Ace Residential Mortgage LLC  
Registered Agent  
President**