

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033557

FILED
Dec 08, 2008
Secretary of State

Entity Name: AMERIBANK MORTGAGE COMPANY, LLC

Current Principal Place of Business:

8895 NORTH MILITARY TRAIL
SUITE 101D
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

121 PARK AVE
WILLISTON, VT 05495 US

Current Mailing Address:

121 PARK AVENUE
SUITE 300
WILLISTON, VT 05495 US

New Mailing Address:

FEI Number: 20-2624554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRISTYNIK, STEVE
8895 NORTH MILITARY TRAIL
SUITE 101D
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

KALER, STEPHEN
1229 MERLOT DRIVE
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: STEPHEN KALER

12/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMERICAN BANKSHARES, INC.
Address: 8895 NORTH MILITARY TRAIL, SUITE 101D
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: LIBERTYQUEST FINANCIAL, INC.
Address: 121 PARK AVENUE
City-St-Zip: WILLISTON, VT 05495 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD L. LEVITE

VP

12/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date