

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000046561

1. Limited Liability Company's Name

AH MORTGAGE, LLC

FILED

07 NOV -6 AM 11:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500112048105
11/06/07--01052--016 **200.00

CR2E041 (1/07)

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

3030 Hartley Road

3. Mailing Office Address

3030 Hartley Road

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

Suite 350

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32257

Country

USA

Zip

32257

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/10/2005

6. FEI Number

34-2046633

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

F & L CORP.

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

ONE INDEPENDENT DRIVE

Suite, Apt. #, Etc.

SUITE 1300

City

JACKSONVILLE

State

FL

Zip Code

32202

☐ 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 By: *Charles V. Hedrick*

Date

11/5/07

REGISTERED AGENT MUST SIGN **Charles V. Hedrick, Authorized Signatory**

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	OACO, LLC	3030 Hartley Rd., Suite 350	Jacksonville, FL 32257

REINSTATEMENT 06.07

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 *Charles W. Arnold III*

Date

10.24.07

Daytime Phone# **(904) 262-4443**

Typed or printed name of signing Managing Member/Manager

CHARLES W. ARNOLD III, President