

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT -5 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000048139

1. Limited Liability Company's Name

FLORIDA FORECLOSURE PLACEMENT CENTER LLC.

700161182607
09/30/09--01034--007 **\$555.00

CR2E041 (10/08)

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

701 bickell avenue

Suite, Apt. #, etc.

1550

City & State

miami, fl.

Zip

33131

Country

US

3. Mailing Office Address

701 bickell avenue

Suite, Apt. #, etc.

1550

City & State

miami, fl.

Zip

33131

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 05/16/2005

6. FEI Number

☒ 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

LANCE BLACK

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

19327 NW 2 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

☒ 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

Lance Black

REGISTERED AGENT MUST SIGN

Date JULY 06 2009

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	GERALD IRVING	701 bickell avenue STE 1550	MIAMI, FL. 33131

REINSTATEMENT-06-09

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

Gerald Irving

Date JULY 06 2009

Daytime Phone #

355-247-0387

305 747-0387