

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 14 PM 4:49

**DOCUMENT #**

1. Limited Liability Company's Name

L05000083696 Proper Lending Group, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
8045 NW 36 Street

3. Mailing Office Address  
PO BOX 226528

Suite, Apt. #, etc.  
Suite #506-A

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 08/23/2005

6. FEI Number

N/A

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  
Enrique Tawachi

Street Address (P.O. Box Number is Not Acceptable)  
8045 NW 36 Street

Suite, Apt. #, Etc.  
Suite #506-A

City  
Miami, Florida

State  
FL

Zip Code  
33166

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/12/2007

**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
PD	Enrique Tawachi	8045 NW 36 Street Suite #506A	Miami, Florida 33166

REINSTATEMENT 2006, 2007

700115400057  
01/17/08--01034--021 \*\*100.00

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

Date 12/12/2007

Daytime Phone # 786-597-1204

Typed or printed name of signing Managing Member/Manager

ENRIQUE TAWACHI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 JAN 14 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 2, 2008

PROPER LENDING GROUP, LLC  
P.O. BOX 226528  
MIAMI, FL 33166

SUBJECT: PROPER LENDING GROUP, LLC  
Ref. Number: L05000083696

We have received your document for PROPER LENDING GROUP, LLC. However, the document has not been filed and is being returned for the following:

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 508A00000061