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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(H07000026627 3)

2007 JAN 30 P 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000003804

1. Limited Liability Company's Name
FIRST FRANKLIN MORTGAGE BANKERS, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6460 SW 8TH STREET	6460 SW 8TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST MIAMI, FL.	City & State: WEST MIAMI, FL.
Zip: 33144-4814 Country: U.S.A.	Zip: 33144-4814 Country: U.S.A.

4. State/Country of Formation: FLORIDA, U.S.A.
5. Date Organized or Qualified To Do Business in Florida: JANUARY 11, 2006
6. FEI Number: 20-4126387 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: ALAN J. SHUMINER, ESQ
Street Address (P.O. Box number is Not Acceptable): 1200 BRICKELL AVE.
Suite, Apt. #, Etc.: SUITE 1680
City: MIAMI State: FL Zip Code: 33131

☑ 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 605, F.S.
Signature of Registered Agent: [signature] (REGISTERED AGENT MUST SIGN) Date: 01/25/2007

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
MGRM	MAX F. CORZO	6460 SW 8TH STREET	WEST MIAMI, FL. 33144

REINSTATEMENT 06-07

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: 01/25/2007 Daytime Phone #: 786-586-9140

Typed or printed name of signing Managing Member/Manager: [illegible]

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FIRST FRANKLIN MORTGAGE BANKERS, L.L.C.

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