

JAN-30-2007 12:47 PM ARES

01/28/2007-MON 14:23 FAX 3053759511 LawOffice@1200 Brickell

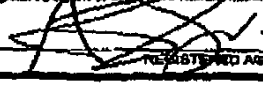
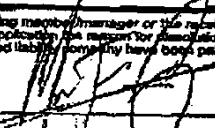
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000003804			
1. Limited Liability Company's Name FIRST FRANKLIN MORTGAGE BANKERS, L.L.C.			
2. Principal Office Address - No P.O. Box # 6460 SW 8TH STREET		3. Mailing Office Address 6460 SW 8TH STREET	
State, Apt. #, etc.		State, 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.
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
9. I, being appointed the registered agent of the above named limited liability company, do hereby affirm and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 01/28/2007 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	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			
AL			
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 dissolved, the limited liability company name satisfies the requirements of section 605.406, 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 01/25/2007 Daytime Phone # 788-686-9140 Typed or printed name of signing Managing Member/Manager			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

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

☒ 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.

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
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LIMITED LIABILITY REINSTATEMENT

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