

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000066856

FILED
Nov 04, 2007
Secretary of State

Entity Name: NATIONAL FORECLOSURE DOCTOR LLC

Current Principal Place of Business:

PO BOX 562571
KENDALL, FL 33156

New Principal Place of Business:

13060 SW 106 ST
MIAMI, FL 33186

Current Mailing Address:

PO BOX 562571
KENDALL, FL 33156

New Mailing Address:

PO BOX 562571
CORAL GABLES, FL 33156

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, NEIL C
9200 S DADELAND BLVD
509
MIAMI FL, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: N COX

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JAVON INVESTMENT LLC,
Address: PO BOX 562571
City-St-Zip: KENDALL, FL 33156

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: OWENS, FARREL J JR
Address: PO BOX 562571
City-St-Zip: KENDALL, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: F OWENS JR

P

11/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date