


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 DEC -2 AM 11:38

DOCUMENT # MD'S MORTGAGE SOLUTIONS LLC
1. Limited Liability Company's Name
#L06000116661

600138380026
12/02/08--01030--005 **277.50
CR2E04T (10/08)

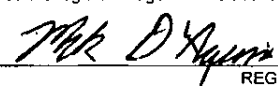
2. Principal Office Address - No P.O. Box # 4304 NW 9TH AVE
Suite, Apt. #, etc. BOX BUILDING 1-3D #12
City & State POMPANO BEACH FL
Zip 33064 Country BROWARD

3. Mailing Office Address 4304 NW 9TH AVE
Suite, Apt. #, etc. BOX BUILDING 1-3D #12
City & State POMPANO BEACH FL
Zip 33064 Country BROWARD

4. State/Country of Formation FLORIDA/USA
5. Date Organized or Qualified To Do Business in Florida 12/6/06
6. FEI Number 38-3747927 ☐ 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 MARK P D'AQUINO
Street Address (P.O. Box Number is Not Acceptable) 4304 NW 9TH AVE
Suite, Apt. #, Etc. BUILDING 1-3D BOX #12
City POMPANO BEACH State FL Zip Code 33064

☒ 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.

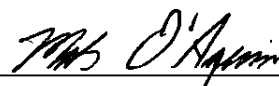
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent  Date 11/23/08
REGISTERED AGENT MUST SIGN

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	MARK P D'AQUINO	4304 NW 9TH AVE BUILDING 1-3D BOX #12	POMPANO BEACH FL 33064

REINSTATEMENT 2007-08

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 11/23/08 Daytime Phone# 954-822-9632
Typed or printed name of signing Managing Member/Manager