

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

10 APR 13 PM 3:02

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000121159

1. Limited Liability Company's Name

COMMERCIAL LENDING CAPITAL
PARTNERS LLC

700175615677

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

14828 WILDFLOWER LN

Suite, Apt. #, etc.

3. Mailing Office Address

14828 WILDFLOWER LN

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

Zip

33446

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/05/2007

6. FEI Number

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$9.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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

Sue G. Knight

Sue G. Knight
as its agent

Date

4-13-10

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	Fletcher A. Keller	14828 Wildflower Lane	Delray Beach, FL 33446

REINSTATEMENT 2009-2010

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

Fletcher A. Keller

Date 7 APR 12 2010 Daytime Phone # 561-666-0575

Typed or printed name of signing Managing Member/Manager

Fletcher A. Keller



CORPORATION SERVICE COMPANY

L070000121159

ACCOUNT NO. : I20000000195

REFERENCE : 347974 7620175

AUTHORIZATION :

COST LIMIT : \$ 277.50 SYC

ORDER DATE : April 13, 2010

ORDER TIME : 10:22 AM

ORDER NO. : 347974-005

CUSTOMER NO: 7620175

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 APR 13 PM 1:38

RECEIVED

DOMESTIC FILINGS

NAME: COMMERCIAL LENDING CAPITAL
PARTNERS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____

10 APR 13 PM 3:02

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