

LOB000043990

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
CUSTOM BUILDER MORTGAGE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

RECEIVED
10 JUN -2 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JUN -2 AM 8:18
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DIVISION OF CORPORATIONS

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T. HAMPTON


JUN - 3 2010

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUN -2 AM 8:18

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L08000043990
 1. Limited Liability Company's Name
 Custom Builder Mortgage Services, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 255 South Orange Avenue, First Flr Suite, Apt. #, etc.		3. Mailing Office Address C/O Lisa I. Moberly 200 West Second Street, 3rd Floor City & State Winston-Salem, North Carolina	
City & State Orlando, Florida	Zip 32801	Country USA	

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 05/01/2008	
6. FEI Number 26-2651772	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$500 Add'l based Fee required for Certificate of Status	

8. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 Janell Kearney Janell Kearney Asst. Secretary 6/2/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Type	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Branch Banking and Trust Company	200 West Second St, 3rd Flr	Winston-Salem, NC 27101

11. E-mail Address: LMoberly@bbundt.com

12. 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: CR Date 6/2/2010 Daytime Phone # 336-733-2517

Typed or printed name of signing Managing Member/Manager: Clarke R. Starnes, III/Senior Executive Vice President and Chief Risk Officer

REINSTATEMENT 2009, 2010