

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000122779

1. Limited Liability Company's Name

Lenders Technical Assistance, LLC

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

8107 Planters Knoll Terrace

Suite, Apt. #, etc.

City & State

University Park, FL

Zip

34201

Country

US

3. Mailing Office Address

8107 Planters Knoll Terrace

Suite, Apt. #, etc.

City & State

University Park, FL

Zip

34201

Country

US

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified
To Do Business in Florida

12/29/09

6. FEI Number

36-4665453

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
Vern Dwight

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

8107 Planters Knoll Terrace

Suite, Apt. #, Etc.

City

University Park

State

FL

Zip Code

34201

E-mail Address:

300197775793
03/30/11--01008--004 **138.75

vdwight1@hotmail.com

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

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	Vern Dwight	8107 Planters Knoll Terrace	University Park, FL

REINSTATEMENT - 2010 + 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 3/10/11

Daytime Phone # 941-730-0790

Typed or printed name of signing Managing Member/Manager Vern Dwight

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C.S.