


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13000133088

1. Limited Liability Company's Name

1682 Birchwood, LLC

2. Principal Office Address - No P.O. Box # 1101 Miranda Lane Suite, Apt. #, etc. #102 City & State Kissimmee, FL Zip 34741		Country USA		3. Mailing Office Address 1101 Miranda Lane Suite, Apt. #, etc. #102 City & State Kissimmee, FL Zip 34741		Country USA	
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CR2E041 (1/14)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 46-3896416	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
Cesar Delgado

Street Address (P.O. Box Number is Not Acceptable) Suite,  
1101 Miranda Lane

Apt. #, Etc.  
#102

City  
Kissimmee

State  
FL

Zip Code  
34741

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

Date 10/26/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representative/Managers			
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Cesar Delgado	1101 Miranda Lane, #102	Kissimmee, FL 34741

11. E-mail Address: cdelgado@mibrnortgaga.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 requirement of section 606.0012, 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 authorized representative/member

*[Handwritten Signature]*

Date 10/26/16

Daytime Phone #

Typed or printed name of signing authorized representative/member Cesar Delgado

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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