

PLEASE READ ALL INSTRUCTIONS BEFORE C

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000037282

1. Limited Liability Company's Name
Anderson Lending, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 11 2nd Ave NE Suite, Apt. #, etc. 250 City & State St. Petersburg, FL Zip 3701		3. Mailing Office Address 111 2nd Ave NE Suite, Apt. #, etc. 1250 City & State St. Petersburg, FL Zip 33701		4. State/Country of Formation Florida/USA	
Country USA		Country USA		5. Date Organized or Qualified To Do Business in Florida	
				6. FEI Number 77-0609446	
				Applied For Not Applicable	
				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 CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent*Rebecca Baith*

Date 10/22/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Partner	Cory Gaffney	111 2nd Ave NE, #1250	St. Petersburg, FL 33701

11. E-mail Address: cory@andersongroup.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 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Cory Gaffney

Date 10/22/15

Daytime Phone # 617-549-7678

Typed or printed name of signing Authorized Representative/Manager Cory Gaffney

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ANDERSON LENDING, LLC

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