

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19 1999 8:00 am
Secretary of State

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000710**

FITZGERALD & ASSOCIATES ORLANDO, L.C.

1a. Principal Place of Business Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
390 N. Orange Avenue

2a. Mailing Address
390 N. Orange Avenue

3. Date Organized or Qualified
12/23/94

3a. State of Formation
Florida

Suite, Apt. #, etc.
Suite 1500

Suite, Apt. #, etc.
Suite 1500

4. FEI Number
59-3287227

☐ Applied For
☐ Not Applicable

City & State
Orlando, FL

City & State
Orlando, FL

5. Date of Last Report
3/27/97

6. Certificate of Status Desired
☐ 1/2 Annual Fee Required ☐

Zip
32801

Country
USA

Zip
32801

Country
USA

7. Name and Address of Current Registered Agent

Vernon Swartsel
255 S. Orange Ave, 16th Floor
Orlando, FL 32801

8. Name and Address of New Registered Agent

Name
James E. Cheek, III
Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue, Suite 1500
Suite, Apt. #, etc.
City
Orlando FL Zip Code
32801

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

[Signature]

Date 16 Feb. 1999

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MEM

Millard V. Oakley

1024 W. Main Street

500002821115-4
-03/26/99-01138-002
****876.00 ****876.00
Livingston, TN 38570

MEM

First Southern Funding,
LLC

99 Lancaster St.

Stanford, KY 40484
500002821115-4
-03/26/99-01138-003
*****1.50 *****1.50

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.

By: First Southern Funding, LLC, a Member
Signature of Managing Member/Manager By: *Douglas P. Ditto* Date 2/17/99 Daytime Phone # 606-365-3555

Typed or printed name of signing Managing Member/Manager Douglas P. Ditto, Vice President
First Southern Funding, LLC, By: Douglas P. Ditto, V.P.