

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000001271**

1. Limited Liability Company's Name

FLORIDA MORTGAGE TRUST, LC

2. Principal Office Address

8260 COLLEGE PKWY

Suite, Apt. #, etc.

SUITE 204

City & State

FT. MYERS, FL

Zip

33919

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

11/1997

6. FEI Number

650794596

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

KARA HOLLERAN

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

8260 COLLEGE PARKWAY

Suite, Apt. #, Etc.

SUITE 204

City

FORT MYERS

State
FL

Zip Code

33919

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

Kara Holleran

Date

2/2/01

REGISTERED AGENT MUST SIGN

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
VP MGRM	KARA HOLLERAN MGRM	3418 SE 19TH PLACE	CAPE CORAL FL 33909
DEPUTY MGRM	WILLIAM BRADLEY	2 BRAMBLEWOOD POINT	NAPLES FL 34105

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.

Signature of
Managing Member/Manager

Kara Holleran

Date

2/2/01

Daytime Phone #

941-433-3222

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)