

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

02 NOV -1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 970000 1271

1. Limited Liability Company's Name

Florida Mortgage Trust, LC

2. Principal Office Address

12559 New Brittany Blvd

Suite, Apt. #, etc.

Unit 25

City & State

Fort Myers FL

Zip

33907

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / LLC

5. Date Organized or Qualified
To Do Business in Florida

11/1/97

6. FEI Number

65-0794596

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 HOLLEMAN

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

12559 New Brittany Blvd

Suite, Apt. #, Etc.

Unit 25

City

Fort Myers

State

FL

Zip Code

33907

100008757981

11/01/02--01054--008 **150.00

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 HOLLEMAN

REGISTERED AGENT MUST SIGN

Date 10/28/02

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
MGR.	JOSE HERNANDEZ	12559 New Brittany Blvd	FL 33907

REINSTATEMENT

02
Dec

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

JOSE HERNANDEZ

Date 10/28/02

Daytime Phone # 239 274 9400

Typed or printed name of signing Managing Member/Manager JOSE HERNANDEZ