

L98000000772

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 17 PM 3:37

DOCUMENT # L98000000772

1. Limited Liability Company's Name

AFBC INTERNATIONAL MORTGAGE  
FINANCE, L.C.

REINSTATEMENT 2002

200009559168  
12/17/02--01049--002 \*\*150.00

2. Principal Office Address

2103 CORAL WAY

Suite, Apt. #, etc.

#202

City & State

MIAMI, FL.

Zip

33145

Country

U.S.A.

3. Mailing Office Address

2103 CORAL WAY

Suite, Apt. #, etc.

#202

City & State

MIAMI, FL.

Zip

33145

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

OCT. 98

6. FEI Number

05-0842618

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

VIVIAN M. COLOMA

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

2103 CORAL WAY SUITE #202

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33145

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 12/13/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles             | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------------------|--------------------------------------|---|--------------------|
| President          | JORGE H. COLOMA                      | 2103 CORAL WAY #202<br>MIAMI, FL. 33145           | MIAMI, FL 33145    |
| Vice<br>President  | VIVIAN M. COLOMA                     | 2103 CORAL WAY #202<br>MIAMI, FL. 33145           | MIAMI FL. 33145    |
| REINSTATEMENT 2002 |                                      |   |                    |
|                    |                                      |   |                    |
|                    |                                      |   |                    |
|                    |                                      |   |                    |

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

*[Signature]*

Date 12/13/02

Daytime Phone # 305-856-6288

Typed or printed name of signing Managing Member/Manager

VIVIAN M. COLOMA

CR2E041 (9/01)