

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

02 OCT 24 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001738

Name and Mailing Address

0006795 01 FP 0.352 **PRSR T1 0 0615 07733-100139



ACCREDITED FINANCIAL MORTGAGE SERVICES, L.L.C.
2139 HIGHWAY 35, 3RD FLOOR
HOLMDEL NJ 07733-1001



2. New Mailing Address

City, State, Zip

Principal Place of Business

4101 A NEPTUNE RD.
ST. CLOUD FL 34769

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

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

09/08/1998

6. FEI Number

59-3535784

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

BOYLE, GERALDINE A
1445 WOOD LAKE CIRCLE
ST. CLOUD FL 34772

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Geraldine A Boyle

REGISTERED AGENT MUST SIGN

Date 10-22-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BOYLE, STEPHEN P	2139 HIGHWAY 35	HOLMDEL NJ 07733-9920

000008547290
10/23/02--01064--001 **150.00

REINSTATEMENT 2002

AR - 50.00
Penalty - 100.00

12. 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

Stephen P Boyle

Date 10-22-02

Daytime Phone # 732-264-3500