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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L99-3705

1. Limited Liability Company's Name
The Mortgage Specialists Group, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address	**3.** Mailing Office Address
5881 NW 151th ST.	15476 NW 77 CT
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 298
City & State Miami, FL	City & State Miami, FL
Zip 33014 Country Miami-Dade	Zip 33016 Country Miami Dade

4. State/Country of Formation: Florida, U.S.

5. Date Organized or Qualified To Do Business in Florida: Jun 23, 1999

6. FEI Number: 52-2190284 ☐ 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: Jose A Gutierrez

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****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 15130 Garvock PL Suite 202

Suite, Apt. #, Etc.: Miami Lake

City | State: FL | Zip Code: 33014

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 _____ Date 10/30/2000
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
Pres	Jose A Gutierrez	15130 Garvock PL	Mia. Lks, FL 33016

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 _____ Date 10/31/2000 Daytime Phone # 305-818-0039

Typed or printed name of signing Managing Member/Manager _____

CR2E041 (9/99)