

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

00 NOV 15 AM 11:05

REINSTATEMENT 2000

DOCUMENT #

L99-8465

1. Limited Liability Company's Name

DISCOUNT Mortgage of South Florida, LLC

2. Principal Office Address

2417 UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

Coast Springs, FL

Zip

Country

33065

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

2/98

6. FEI Number

650811510

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

William Bettler

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

5670 NW 122 AVE.

Suite, Apt. #, Etc.

City

Coast Springs

State

FL

Zip Code

33076

788883478627-0

-11/28/00--01081-012

****150.00 ****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

William Bettler

Date 11/07/00

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
V.P.	Howard Bettler	1000 S. Ocean Blvd. #150	Coast Springs, FL 33062

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

Howard Bettler

Date 11/07/00

Daytime Phone # 954-575-1500

Typed or printed name of signing Managing Member/Manager

Howard Bettler