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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



AND  
FILED

03 OCT 22 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008510

Name and Mailing Address

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COMMONWEALTH MORTGAGE L.L.C.

447 ATLANTIC BLVD

SUITE 2

ATLANTIC BEACH FL 32233-4050



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/03/1999	
Principal Place of Business 447 ATLANTIC BLVD SUITE 2 ATLANTIC BEACH FL 32233	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3612395	Applied For Not Applicable
8. Name and Address of Current Registered Agent HARPSTER, WILLIAM FOSTER 500 NAUTICAL BLVD ATLANTIC BEACH FL 32233		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <u>10-16-03</u> REGISTERED AGENT MUST SIGN			
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
MGR	HARPSTER, WILLIAM F	500 NAUTICAL BLVD	ATLANTIC BEACH FL 32233
MEM	HARPSTER, PHYLLIS S	11467 PLUMOSA DR.	JACKSONVILLE FL 32250
REINSTATEMENT <i>[Signature]</i>			
300024001553 10/22/03--01013--008 **150.00 <i>[Signature]</i>			

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 *[Signature]* **SIGNATURE REQUIRED** Date 10-16-03 Daytime Phone # 904-241-4606

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)