

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

02 MAR 18 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700000000228

1. Limited Liability Company's Name

New Century Financial, L.L.C.

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-03/27/02--01038--013

****150.00 ****150.00

2. Principal Office Address

300 Park Street

Suite, Apt. #, etc.

Suite 100

City & State

Birmingham, MI

Zip

48009

Country

Oakland

3. Mailing Office Address

300 Park Street

Suite, Apt. #, etc.

Suite 100

City & State

Birmingham, MI

Zip

48009

Country

Oakland

4. State/Country of Formation

Michigan - Oakland County

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

Feb 2000

6. FEI Number

38-3493043

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

Gonyea, Bruce E.

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

6600 Tannin Lane

Suite, Apt. #, Etc.

Unit B

City

Naples

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*****50.00 *****50.00

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

Bruce E. Gonyea

REGISTERED AGENT MUST SIGN

Date

2/22/02

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
MGRM	Gonyea, Paul M.	120 Charrington Court	Beverly Hills, MI 48025
MGRM	Gonyea, Elizabeth A.	120 Charrington Court	Beverly Hills, MI 48025
MGRM	Burket, Jack D.	1011 N. Glenhurst	Birmingham, MI 48009

REINSTATEMENT

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

Jack D. Burket

Date

2/19/02

Daytime Phone #

248/268-4972

Typed or printed name of signing Managing Member/Manager

Jack D. Burket

CR2E041 (9/01)