

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M00000000473

APPROVED
AND
FILED

03 JAN 27 PM 12:07

1. DOCUMENT # M00000000473

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007897 01 FP 0.352 **PRSRT T4 O 0615 40206-100909

AGRICULTURAL MORTGAGE COMPANY OF AMERICA, LLC
2209 RIVER ROAD
LOUISVILLE KY 40206-1009

REINSTATEMENT



2002-
7003

2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
3. New Principal Place of Business Address Principal Place of Business 2209 RIVER ROAD LOUISVILLE KY 40206 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/10/2000	
6. FEI Number 25-1827141		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000009231280 11/26/02--01088--006 **150.00 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 <u>Susan J. Meitze</u> Susan J. Meitze REGISTERED AGENT MUST SIGN Assistant Secretary Date			
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	MCCANEE, MARCUS R	2209 RIVER RD	LOUISVILLE KY 40206
MGRM	SINGLETON, ALAN N	2209 RIVER RD	LOUISVILLE KY 40206
MGRM	MATEMETON, DON G	2209 RIVER RD	LOUISVILLE KY 40206
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 <u>[Signature]</u> Date Daytime Phone #			