OCT-23-2002 03:46P FROM: TO:1219[illegible]6223 P:1/3

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M01000002486

FILED
02 OCT 25 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002486

Name and Mailing Address

100008585051
10/25/02--01018--002 **150.00

0010930 01 FP 0.382 **PRSRT H2 0 0615 32825-486883
MORTGAGE EXECUTIVES, LLC
10753 WILDLIFE
ORLANDO FL 32825-4869

10/4/02

2. New Mailing Address
7523 Aloma Ave. Ste 112
City State Zip
Winter Park FL. 32792

4. State/Country of Formation
IN

5. Date Organized or Qualified To Do Business in Florida
11/05/2001

Principal Place of Business
10753 WILDLIFE
ORLANDO FL 32825

3. New Principal Place of Business Address
7523 Aloma Ave Ste 112
City, State, Zip
Winter Park FL. 32792

6. FEI Number
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E054 (8/02)

8. Name and Address of Current Registered Agent

HERNANDEZ, JOSE ESTESAN
10753 WILDLIFE
ORLANDO FL 32825

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 Jose E. Hernandez REGISTERED AGENT MUST SIGN Date 10-23-02

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	MAJAR, DUSTIN	458 W CHICAGO STREET	VALPARAISO IN 46383
MGR	SOTO, LUIS	3179 WILLOW CREEK	PORTAGE IN 46368

REINSTATEMENT 2002
MK

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 608.408, 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] Date 10-22-02 Daytime Phone # (219) 962-5220

Typed or printed name of [illegible] Managing Member/Manager DUSTIN MAJAR