M02 000000195

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -8 AM 11:00

DOCUMENT # M02000000195

1. Limited Liability Company's Name

Lancaster Mortgage Bankers, LLC

2. Principal Office Address	3. Mailing Office Address
20 Independence Blvd.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Warren, NJ	City & State
Zip: 07059 Country: USA	Zip Country

01/27/05 01022 004 $200

4. State/Country of Formation: New Jersey, USA

5. Date Organized or Qualified To Do Business in Florida: 06-30-2000

6. FEI Number: 22-3740390 ☐ 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: CT Corporation SYstem

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Sheila Clark Date: 12/13/04

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
E.V.P.	Russ Salzman	20 Independence Blvd.	Warren, NJ 07059
E.V.P.	Scott Rush	20 Independence Blvd.	Warren, NJ 07059

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REINSTATEMENT 2003-2005
Due 2/8

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 608.408, 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: Date: 2/4/05 Daytime Phone # 908-542-9008

Typed or printed name of signing Managing Member/Manager: Scott Rush