

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000739

Name and Mailing Address

0015254 01 MB 0.309 **AUTO T7 0 0615 02920-792475



NEMORTGAGE, LLC
975 PINTIAC AVE.
CRANSTON RI 02920-7924



2. New Mailing Address

975 Pontiac Ave

City, State, Zip

4. State/Country of Formation
RI

5. Date Organized or Qualified
To Do Business in Florida

03/21/2002

Principal Place of Business

975 PINTIAC AVE.
CRANSTON RI 02920

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

05-0505479

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

BROTHERSTON, ROBERT
4109 JADE LANE
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name

Cheryl L. Charbonneau, CPA

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

8955 Fontana Del Sol Way

City

Naples

FL

Zip Code

34109

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

Cheryl L. Charbonneau
SIGNATURE REQUIRED

Date 11-11-03

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 |
|----------|--------------------------------------|---------------------------------------------------|--------------------|
| MGRM | CARDI, ALFRED A JR | 16 PHILLIPS COURT | CRANSTON RI 02921 |
| MGRM | PALAZZO, MICHAEL J | 1840 PEPPEN ORCHARD ROAD | CRANSTON RI 02920 |
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REINSTATEMENT

2003

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

Michael J. Palazzo
SIGNATURE REQUIRED

Date 11-5-03

Daytime Phone # 401-946-7711

Typed or printed name of signing Managing Member/Manager

Michael J. Palazzo