M02000001016

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

ATLANTIC BAY MORTGAGE GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

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G. MCLEOD
AUG 13 2008
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATION
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CR2E041 (12/07)

DOCUMENT # M02000001016

1. Limited Liability Company's Name
Atlantic Bay Mortgage Group LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1013 Lynnhaven Pkwy	Same
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.:
City & State: VA Beach VA	City & State:
Zip: 23453 Country: USA	Zip: Country:

4. State/Country of Formation: Virginia

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

6. FEI Number: 54-1822116 ☐ 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: C T Corporation System

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Corine Bay SPECIAL ASSISTANT SECRETARY Date: 8/12/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Brian K. Holland	3305 Windward Shore Dr.	Virginia Beach VA 23451
Sec/Treas	A.R. "Rick" Gregory Jr.	2556 Fire Point Ct.	Virginia Beach VA 23456
COO	Brian C. Mason	1400 Alum Ridge Rd.	Wills VA 24380

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: [signature] Date: 8/11/08 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager:

FL116 - 02/13/2006 C T System Online