

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Division of Corporations and Charitable Organizations

M02000003127

FILED
OCT 27 PM 4:07
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003127

Name and Mailing Address

0015619 01 M8 0.309 **AUTO TB 0 0615 20191-470326



SKYLINE MORTGAGE GROUP, LC
11126 TIMBERHEAD LANE
RESTON VA 20191-4703



Handwritten initials: BK

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
VA

5. Date Organized or Qualified To Do Business in Florida 11/25/2002

Principal Place of Business
11126 TIMBERHEAD LANE
RESTON VA 20191

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
54-1795283

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

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE REQUIRED
Brian Courtney
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

Date

10/27/03

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	SCHULTZ, THOMAS J	11126 TIMBERHEAD LANE	RESTON VA 20191

400023902724
10/27/03--01003--015--**155.00

REINSTATEMENT 2003

Handwritten initials: BK

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

SIGNATURE REQUIRED

Date 10/20/03

Daytime Phone # 703-734-4105

Typed or printed name of signing Managing Member/Manager

THOMAS SCHULTZ



CORPORATION SERVICE COMPANY

M02000003127

ACCOUNT NO. : 072100000032

REFERENCE : 295665 7317294

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 27, 2003

ORDER TIME : 10:0 AM

ORDER NO. : 295665-005

CUSTOMER NO: 7317294

CUSTOMER: Mr. Thomas J. Schultz
Skyline Mortgage Group, LC
11126 Timberhead Lane
Reston, VA 20191

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TALLAHASSEE, FLORIDA
STATE

REINSTATEMENT

BK

NAME: SKYLINE MORTGAGE GROUP, LC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 OCT 27 PM 3:05

RECEIVED