

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000003222

1. Entity Name  
ADVISORS MORTGAGE GROUP, L.L.C.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 13 AM 9:23

Principal Place of Business  
661 SHREWBURY AVE  
SHREWSBURY, NJ 07702

Mailing Address  
661 SHREWBURY AVE  
SHREWSBURY, NJ 07702

2. Principal Place of Business

2517 Hwy 35

3. Mailing Address

2517 Hwy 35

Suite, Apt. #, etc.

Bldg B Suite 104

Suite, Apt. #, etc.

Bldg B Suite 104

City & State

MANASSA, NJ

City & State

MANASSA, NJ

Zip

08736

Country

USA

Zip

08736

Country

USA

11292005

REIN-LLC

CR2E101 (6/04)

4. FEI Number

22-3626426

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

C. TODD MEYER

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

3942 DERBY GLEN DRIVE

City

CLERMONT

FL

Zip Code

34711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2006, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME MEYER, STEPHEN T  
STREET ADDRESS 407 PINE ST.  
CITY-ST-ZIP RED BANK, NJ 07701 ☐ Delete

TITLE VP  
NAME MEYER, ALVAH F  
STREET ADDRESS 407 PINE ST.  
CITY-ST-ZIP RED BANK, NJ 07701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE P  
NAME MEYER, STEVEN T  
STREET ADDRESS 2517 Hwy 35; Bldg B, Suite 104  
CITY-ST-ZIP MANASSA, NJ 08736 ☒ Change ☐ Addition

TITLE VP  
NAME MEYER, ALVAH F  
STREET ADDRESS 2517 Hwy 35; Bldg B, Suite 104  
CITY-ST-ZIP MANASSA, NJ 08736 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/5/05

Date

732-292-3133

Daytime Phone #