

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 NOV 19 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # M05000001799

1. Limited Liability Company's Name

KRYSTAL KLEAR MORTGAGE  
GROUP, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2589 SW 118TH LN

Suite, Apt. #, etc.

3. Mailing Office Address

2589 SW 118TH LN

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33025

Country

USA

Zip

33025

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

04/06/2005

6. FEI Number

341957765

☐ 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

JOHN CHAPMAN

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

2589 SW 118TH LN

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

☐ 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

John Chapman

Date

11/2/8

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
MGR	JOHN CHAPMAN	2589 SW 118TH LN	MIRAMAR, FL 33025
			900138049109 11/18/08--01027--010 ***377.50
			REINSTATEMENT 11/10/8

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 608.406, 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

John Chapman

Date

11/2/8

Daytime Phone

(313) 333-0900

Typed or printed name of signing Managing Member/Manager

JOHN CHAPMAN