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LIMITED LIABILITY REINSTATEMENT
CITIZENS FIRST MORTGAGE L.L.C.

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J. SAULSBERRY
EXAMINER

OCT 28 2010

Electronic Filing Menu Corporate Filing Menu Help

REINSTATEMENT 09-10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citizens First Mortgage, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Forrest Newhall
Name of Person

Citizens First Mortgage, LLC
Firm/Company

525 Water Street
Address

Port Huron, MI 48060
City/State and Zip Code

fnewhall@fdic.gov
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Diane Conti at (646) 584-3206
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000004561

1. Limited Liability Company's Name: Citizens First Mortgage, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
525 Water Street	525 Water Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Huron, MI	City & State: Port Huron, MI
Zip: 48060 Country: USA	Zip: 48060 Country: USA

4. State/Country of Formation: MI
5. Date Organized or Qualified To Do Business in Florida: 9/15/2005
6. FEI Number: 371429918 ☑ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Kevin Graham

Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Boulevard

Suite, Apt. #, Etc.: 2800

City: Tampa State: FL Zip Code: 33602

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: [signature] Chris McNeill Assistant Secretary Date: 10/27/2010

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
Pres.	Forrest E. Newhall	FDIC - DRR 40 Pacifica, Suite 600	Irvine, CA 92618
SVP	Theresa Flores	FDIC - DRR 40 Pacifica, Suite 600	Irvine, CA 92618
SVP	Maria Lubczynski	FDIC - DRR 40 Pacifica, Suite 600	Irvine, CA 92618

11. E-mail Address: Fnewhall@fdic.gov (To be used for future annual report notifications)

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 the 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: 10/27/10 Daytime Phone #: 949.208.6456

Typed or printed name of signing Managing Member/Manager: ____________________

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