

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
Fax Number : (850) 678-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$377.50

J. SAULSBERRY
EXAMINER

OCT 28 2010

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TALLAHASSEE, FLORIDA

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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)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

DNHS18 (5/08)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 27 AM 8:39

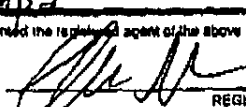
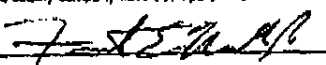
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # MO5000004561 1. Limited Liability Company's Name Citizens First Mortgage, LLC			
2. Principal Office Address - No P.O. Box # 525 Water Street Street, Apt. #, etc.		3. Mailing Office Address 525 Water Street Street, 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 ☐ SEC 608.001(1)(b)			
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			
9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Chris McNeel Assistant Secretary Date 10/27/2010			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	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: fnnewhall@fdic.gov			
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 fulfills the requirements of section 608.408, 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  Forrest E. Newhall Date 10/27/10 Daytime Phone # 949.208.6416 Typed or printed name of signing Managing Member/Manager			