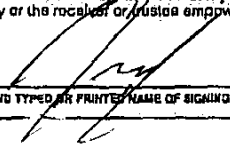


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 17 P 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000004888					
1. Entity Name TRIAD MORTGAGE GROUP SOUTH LLC					
Principal Place of Business 2481 WISE AVE CANTON, OH 44708			Mailing Address 2481 WISE AVE CANTON, OH 44708		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-3505415			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CALHOUN, CRAIG 1621 SHADY LEAF DR. VALRICO, FL 33594			7. Name and Address of New Registered Agent Name <u>Ron Ripple</u> Street Address (P.O. Box Number is Not Acceptable) <u>3841 SW Archer Rd, Suite B</u> <u>Gainesville, FL 32608</u> City <u>FL</u> Zip Code		
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 <u>RON W. RIPP</u>  DATE <u>10/8/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CICCARELLI, ANTHONY 2481 WISE AVE CANTON, OH 44708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brenda Cottrell-MGRM 2481 WISE AVE SW Canton, OH 44708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400110707254 10/12/07--01008--013 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Chapter 110, 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.			REINSTATEMENT <u>07</u>		
SIGNATURE: 			Date <u>10/8/07</u> 888-801-8085		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		