PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

14 DEC 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11000005357

1. Limited Liability Company's Name
CARNEGIE MORTGAGE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2297 STATE HWY 33	2297 STATE HWY 33
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAMILTON NJ	City & State: HAMILTON NJ
Zip: 08690 Country: USA	Zip: 08690 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☑ 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: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 33324

JAN -2 2015

L. SELLERS

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Connie Bynum Assistant Secretary Date 11/13/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Sanford Mallon	2297 STATE HWY 33	HAMILTON, NJ 08690
Manager	Michael Bis	2297 STATE HWY 33	HAMILTON, NJ 08690
Manager	Mark Wolters	2297 STATE HWY 33	HAMILTON, NJ 08690

REINSTATEMENT 2012-2014

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

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager Michael Bis

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

CARNEGIE MORTGAGE, LLC

Certificate of Status	0
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