PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT	ION
REINSTATE	IENT



FLORIDA DEPARTMENT OF STATE

	PORATION TO THE PORT OF THE PO				Sec	Secretary of State islon of corporations				C2 FEB 21 AMII: 37 SECRETARY OF STATE ALLAHASSEE, FLORIDA									
DOCU 1. Corporati	IMENT ion Name	# ∳	0000	000	043	6			- 	LLAH	(A55)	er, r	LUR	IUA					
		752	5 Irv	ine C	CE HON Center Cornia	Dr.						, —							
2. Principal Office Address 3. Ma 7525 Irvine Center Dr. 75		525 II						1000 MM											
	Ste. 250			Suite, Apt. #, etc.					4. Date Incorporated or Qualified To De Business in Florida										
City & State		City	Ste. 250 City & State					To Do Business in Florida 1/25/2000 5. FEI Number Applied For											
Zip	ne, C	Country	2618	Zip	rvine,	C <i>E</i>	Country		-, -,	6.		3482			\$8.75	Addillo	Not Appi malifeeir	equired	
9261	<u>e</u>	ΠCV	··	9	2618	and A	US P	Current Re	anister		IFICATE	OF STATI	US DE	SIKEU L	(C)	MOGILII	icate of S	tatus	ı
Name Corporation Services Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.																			
	City	Tal	lahas	see						•		State	Zip	Code	 01		7		
8. I, being a Signature of Registered A		egistere	agent of th	//		an C st. V	ourtn	ву	t the ob	oligations o	of section	n 607.05 Date	05 or			02			CR2E081 (9/01)
9. Names a	and Street Add	iresses c	of Each Offic	er and/or Di	ector (Florida	nonpro	fit corpora	tions must li	st at lea	ast 3 direct	tors)								
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director						City / State / Zip									
Pres, Secret		1	Neil 1	B. Ko	rnswie	75 t	25 I Ste.	rvine 250	Ce	nter	Dr	.Irv	in	e, C	CA	926	18		
Direct			,	-															
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10 Loorling	that I am an d	ficer or ~	irector or the	receiver or	trustee empov	ered to	a avacute f	hie aneliseti	m 20 0	rovided for	r in obs	nter 607 -	or 617	EQ 14	uther e	artify/the	t when fill	ing	
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this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil B. Kornswiet



ACCOUNT NO. : 07210000032

REFERENCE: 407196

7200150

AUTHORIZATION

COST LIMIT \$ 900.00

ORDER DATE: February 20, 2002

ORDER TIME: 10:28 AM

ORDER NO. : 407196-005

CUSTOMER NO: 7200150

CUSTOMER: Ms. Elizabeth Sterris

People's Choice Home Loans

Suite 250

7525 Irvine Center Drive

Irvine, CA 92616

REINSTATEMENT

NAME:

PEOPLE'S CHOICE HOME LOAN,

INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS