


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F04000002707</b> 1. Entity Name SOUTH LAKE MORTGAGE BANKERS, INC.	
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Principal Place of Business 201 SOUTH LAKE AVENUE, SUITE 604 PASADENA, CA 91101	Mailing Address 201 SOUTH LAKE AVENUE, SUITE 604 PASADENA, CA 91101
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

05 OCT 17 AM 10:10

SECRET STATE  
TALLAHASSEE, FLORIDA

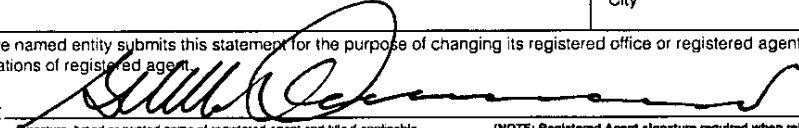


10072005 REIN-P CR2E098 (6/04)

4. FEI Number <b>95-4778526</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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.

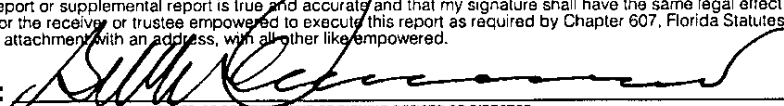
SIGNATURE:  DATE: 10/13/2005

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT CASMANO, GARY M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 SOUTH LAKE AVENUE, SUITE 604	NAME	700060689707
STREET ADDRESS	PASADENA, CA 91101	STREET ADDRESS	10/17/05--01074--016 **158.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, JOSEPH	NAME	
STREET ADDRESS	201 SOUTH LAKE AVENUE, SUITE 604	STREET ADDRESS	
CITY-ST-ZIP	PASADENA, CA 91101	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 10/13/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (626) 449-5907

Gary Casmano, President