2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000070982

Entity Name: MORTGAGE CONSULTANTS AND INVESTMENTS, INC.

FILED Oct 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

401 NW 39TH ROAD APT D 4131 NW 13TH STREET GAINESVILLE, FL 32607

SUITE 108

GAINESVILLE, FL 32609

Current Mailing Address: New Mailing Address:

401 NW 39TH ROAD APT D 401 NW 39TH ROAD

GAINESVILLE, FL 32607 APT D

GAINESVILLE, FL 32607

FEI Number: 02-0721584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOZAKOFF, STEPHEN K 401 NW 39TH ROAD APT D GAINESVILLE, FL 32607

401 NW 39TH ROAD APT D

KOZAKOFF, STEPHEN K

GAINESVILLE, FL 32607 US

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.

SIGNATURE: STEPHEN KOZAKOFF 10/16/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KOZAKOFF, SHIRLEY KOZAKOFF, SHIRLEY Name: Name: 401 NW 39TH ROAD APT D 401 NW 39TH ROAD APT D Address: Address: City-St-Zip:

GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete Title: PRES () Change (X) Addition KOZAKOFF, STEPHEN Name: Name: Address: Address: 401 NW 39TH RD APT D GAINESVILLE, FL 32607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN KOZAKOFF **PRES** 10/16/2008