2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 SEP 27 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09242007 REIN-P CR2E098 (1/07)

DOCUMENT # P06000098738

1. Entity Name
SPECIALTY LENDING GROUP, INC.

Principal Place of Business	Mailing Address
8501 SW 124 AVE. SUITE 202 MIAMI, FL 33186 US	8501 SW 124 AVE. SUITE 202 MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8501 SW 124 Ave.	8501 SW 124 Ave.
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.: Suite 202
City & State: Miami, FL	City & State: Miami, FL
Zip: 33183 Country: US	Zip: 33183 Country: US

4. FEI Number 205432724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIBLESZ, LANI R
8725 NW 18 TE
217-B
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: Siblesz, Lani R.
Street Address (P.O. Box Number is Not Acceptable): 8501 SW 124 Ave.
Suite 202
City: Miami FL Zip Code: 33183

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: [signature] 9/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	SIBLESZ, LANI R	
STREET ADDRESS	8725 NW 18 TE #219	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☒ Addition
NAME	Lani R. Siblesz	
STREET ADDRESS	8501 SW 124 Ave Suite # 202	
CITY-ST-ZIP	Miami, FL 33183	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500110249295 10/04/07--01005--004 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 07 OCT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 9/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #