PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024858

REINSTATEMENT 03

1. Corporation Name

SENIOR HOMEOWNERS FINANCIAL SERVICES, INC.

2. Principal Office Address	**3.** Mailing Office Address
950 S. PINE ISLAND ROAD	1255 CORPORATE CENTER DR.
Suite, Apt. #, etc.: 150 - 1071	Suite, Apt. #, etc.: 207
City & State: PLANTATION, FL	City & State: MONTEREY PARK, CA
Zip: 33324 Country: US	Zip: 91754 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03//97

5. FEI Number: 65-0738229 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: STEPHEN KANG

Street Address (P.O. Box Number is Not Acceptable): 950 SOUTH PINE ISLAND ROAD

100023606201
10/17/03--01002--017 **758.75

Suite, Apt. #, Etc.: 150 - 1071

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 10/14/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR	STEPHEN KANG	1255 CORPORATE CENTER DR. #207	MONTEREY PARK, CA 91754
DIRECTOR	SAMUEL CHOI	1255 CORPORATE CENTER DR. #207	MONTEREY PARK, CA 91754

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing 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] 10/14/03 323-981-1340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gn 10/20