


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

01 OCT 31 PM 12:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000100321**  
 1. Corporation Name  
**AMERIFIRST LENDING CORP.**

Principal Place of Business 13436 S.W. 65 LANE MIAMI FL 33183	Mailing Address 13436 S.W. 65 LANE MIAMI FL 33183
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>815 NW 57th Ave</b> Suite, Apt. #, etc. <b>144</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b> Country <b>DADE</b>	3. New Mailing Office Address, If Applicable <b>815 NW 57th Ave</b> Suite, Apt. #, etc. <b>144</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b> Country <b>DADE</b>
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4. Date Incorporated or Qualified To Do Business in Florida <b>11/16/1999</b>
5. FEI Number <b>65-0964732</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DA SILVA, Leonardo	13436 S.W. 65 LANE	MIAMI FL 33183
			400004661254--1 -10/31/01--01060--006 ****150.00 ****150.00
			<i>AS 10/31</i>

8. Name and Address of Current Registered Agent  
**CERVERA, JOSE M**  
**782 N.W. 42 AVENUE**  
**SUITE 329**  
**MIAMI FL 33126**

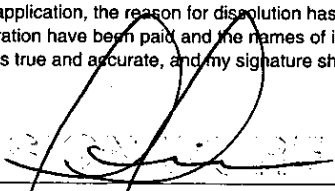
9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b>
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **10-30-01** Daytime Phone # **305 264-1010**

CR2E040 (8/01)



*...the best way to a great mortgage*

October 30, 2001

Mr. Sean Toner

Division of Corporation  
Tallahassee, FL

Gentleman:

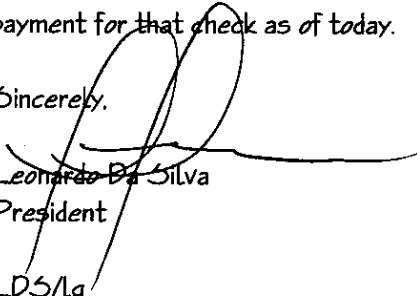
Please note this is my third communication with your office. It is very sad how after previously mailing twice these documents you have not found them yet. The USA post office and your department have caused my organization and me great business grief.

As you know from our various phone conversations, we did not receive the documents by mail in our old address, this being the reason for not filing in time.

My attorney (the Register Agent) has also informed me, he did not receive the Annual Report form.

Please call me if you receive the old check, no. 5614 of September the 20th. Also take note that I will issue a stop payment for that check as of today.

Sincerely,



Leonardo D. Silva  
President

LDS/lg