2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747780

Oct 13, 2009 Secretary of State

Entity Name: MORTGAGE BANKERS ASSOCIATION OF CENTRAL FLORIDA, INC.

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

350 N LAKE DESTINY RD 901 LAKE DESTINY DR MAITLAND, FL 32751 MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

350 N LAKE DESTINY RD 901 LAKE DESTINY DR MAITLAND, FL 32751 MAITLAND, FL 32751

FEI Number: 59-1916229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

WOODS, BE ADAMCZAK, A J

350 N LAKE DESTINY RD 2400 MAITLÁND CENTER PARKWAY

MAITLAND, FL 32751 SUITE 117

MAITLAND, FL 32751 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: A.J. ADAMCZAK 10/13/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WOODS, B E PEELE, GREG Name: Name: 350 N. LAKE DESTINY RD Address: 901 LAKE DESTINY DR Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

Title: () Delete Title: (X) Change () Addition PEELE, GREG Name: STRICKLAND, KEVIN Name:

Address: 901 LAKE DESTINY DR Address: 1100 TOWN PARK CENTER City-St-Zip: MAITLAND, FL 32751 City-St-Zip: LAKE MARY, FL 34746

Title: () Delete Title: (X) Change () Addition

STRICKLAND, KEVIN W POLLING, BRIAN Name: Name:

2300 MAITLAND CENTER PARKWAY 1100 TOWN PARK CENTER Address: Address:

City-St-Zip: LAKE MARY, FL 34746 City-St-Zip: MAITLAND, FL 32751

Title: () Delete Title: () Change () Addition

FENDLEY, PAMELA Name: Name: P.O. BOX 628600 Address: Address: City-St-Zip: ORLANDO, FL 32862 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

POLING, BRIAN K ADAMCZAK, A J Name: Name:

200 COLONIAL CENTER PARKWAY #120 2400 MAITLAND CENTER PARKWAY Address: Address:

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: MAITLAND, FL 32751

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.J. ADAMCZAK Т 10/13/2009