2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000000204

Entity Name: ALLIANCE MORTGAGE GROUP OF SOUTH FLORIDA INC.

FILED Sep 28, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4660 DUKE MASON, O	EDR., STE. 20 H 45040	0-D	STE 20	RI COUNTY PKV 08-A NNATI, OH 4524		
Current Mailing Address:				New Mailing Address:		
4660 DUKE MASON, O	E DR., STE. 20 H 45040	0-D	STE 20	RI COUNTY PKV 08-A NNATI, OH 4524		
FEI Number:	54-2064924	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name	Name and Address of New Registered Agent:		
2331 HANS TALLAHAS	SEN PLACE SSEE, FL 3230		ourpose of chang	na its reaisterea	l office or registered agent, or both,	
in the State			parpood or charig	ng na regioteres	romes or registered agent, or betti,	
SIGNATUR	RE: AUDREY	POPE				
	Electroni	c Signature of Registered Ag	ent		Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior I	notice.		
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GRIPPA, III, JOH 477 SOUTH ROS	Delete HN P SEMARY AVE., STE 230 SACH, FL 33401 US	Title: Name: Address City-St-Z		() Change () Addition	
Title: Name: Address:	CFO () SANZ, RICARDO 4660 DUKE DR.		Title: Name: Address	SANZ, RICA	(X) Change()Addition RDO R JNTY PKWY, STE 208-A	

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Title: SECT () Delete Name: SANZ, RICARDO R 4660 DUKE DR., STE. 200-D Address: City-St-Zip: MASON, OH 45040 US Title: TREA () Delete

MASON, OH 45040 US

City-St-Zip:

Title: **TREA** SANZ, RICARDO R SANZ, RICARDO R Name: Name: 130 TRI COUNTY PKWY, STE 208-A 4660 DUKE DR., STE 200-D Address: Address: CINCINNATI, OH 45246 US City-St-Zip: MASON, OH 45040 US 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: RICARDO R SANZ **CFO** 09/28/2007

CINCINNATI, OH 45246 US

CINCINNATI, OH 45246 US

130 TRI COUNTY PKWY, STE 208

SANZ, RICARDO R

(X) Change () Addition

(X) Change () Addition

SECT