

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000005352

1. Corporation Name

Directlender.com Company
W0108W17617

2. Principal Office Address - No P.O. Box #
8700 Warner Ave.

3. Mailing Office Address
8700 Warner Ave.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Fountain Valley, CA

City & State
Fountain Valley, CA

Zip
92708

Country
USA

Zip
92708

Country
USA

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

4. Date Incorporated or Qualified
To Do Business in Florida 10/22/2003

5. FEI Number
33-0956078

Applied For
Not Applicable

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

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Zuenna M. Howarth, Asst Secy

REGISTERED AGENT MUST SIGN

Date

3/3/07

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
President	Aaron Cuha	8700 Warner Ave., Suite 100	Fountain Valley, CA 92708
CFO	Debbie Cuha	8700 Warner Ave., Suite 100	Fountain Valley, CA 92708
CEO	Ron Cuha	8700 Warner Ave., Suite 100	Fountain Valley, CA 92708

3/5/15
REINSTATEMENT 04-07

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 contained in Chapter 119, 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

3/22/07

Date

(714) 852-5966

Daytime Phone #

FILED

07 MAY -7 AM 9: 57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500103191145
05/24/07--01019--007 **600.00

REINSTATEMENT 04-07

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