2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000002315

ity Name: ANDERSON LENDING GROUP INC

ANDERSON, LAWRENCE C

2863 WHISPER BAY BLVD.

GULF BREEZE, FL 32563

Name:

Address:

City-St-Zip:

FILED Oct 11, 2007 Secretary of State

Entity Nam	IE: ANDERS	ON LENDING GROUP, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 200	PARK COURT EE CITY, GA				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 200	PARK COURT				
FEI Number:	02-0570637	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Reg				f New Registered Agent:	
2863 WHIS GULF BRE		/D. 3 US	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR		CE ANDERSON		Dete	
Election Cam	e with s. 607.19	ic Signature of Registered Ager 3(2)(b), F.S., the corporation did not 3 Trust Fund Contribution (). TORS:	receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ANDERSON, BI	K COURT, SUITE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ANDERSON, E	K COURT, SUITE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	DIR ()	Delete	Title [.]	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN A ANDERSON VP 10/11/2007