


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 24 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

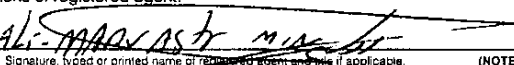
DOCUMENT # F04000003331		
1. Entity Name EQUIMAX LENDING, INC.		

Principal Place of Business 11118 COLDWATER ROAD FORT WAYNE, IN 46845	Mailing Address 11118 COLDWATER ROAD FORT WAYNE, IN 46845
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2. Principal Place of Business 11118 Coldwater Rd.	3. Mailing Address 11118 Coldwater Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

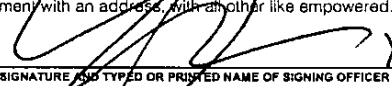
City & State Fort Wayne IN	City & State Fort Wayne, IN	4. FEI Number 30-0210597	Applied For <input type="checkbox"/> Not Applicable
Zip 46845	Country U.S.	Zip 46845	Country U.S.

6. Name and Address of Current Registered Agent MARRAZZO, MARK 430 COVE TOWER DRIVE, #303 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Ali Marvasti Street Address (P.O. Box Number is Not Acceptable) 8320 Sunrise Blvd, No. 100 City Plantation FL Zip Code 33322	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent, and date if applicable.	DATE 10-17-2006 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, THOMAS W 3211 BRILL ROAD INDIANAPOLIS, IN 46227 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081398233 10/31/06--01078--014 **715.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROY, STEVEN M 525 MISTY MORNING DRIVE FLUSHING, MI 48433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NGUYEN, YENLINH T 407 SUNRISE COURT FORT WAYNE, IN 46825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 10/20/2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, KELLY M 4519 DENALI COVE FORT WAYNE, IN 46845 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10/18/06 260-422-9740 Date Daytime Phone #