


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000001711		
1. Entity Name QUICK LOAN FUNDING, INC.		

Principal Place of Business 535 ANTON BLVD. #400 COSTA MESA, CA 92626	Mailing Address 535 ANTON BLVD. #400 COSTA MESA, CA 92626
---	---

2. Principal Place of Business 535 ANTON BLVD.	3. Mailing Address 535 ANTON BLVD
Suite, Apt. #, etc. SUITE 600	Suite, Apt. #, etc. SUITE 600

City & State COSTA MESA, CA	City & State COSTA MESA, CA
Zip 92626	Country USA

FILED  
06 NOV 16 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 06



11072006 REIN-P CR2E098 (11/05)

4. FEI Number 75-3000943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SADEK, DANIEL 3121 MICHELSON DR., SUITE 300 IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & DIRECTOR SADEK NAZIN DANIEL 535 ANTON BLVD # 600 COSTA MESA, CA 92626 <input checked="" 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	PRESIDENT MARK A. BISHOP 535 ANTON BLVD # 600 COSTA MESA, CA 92626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VAL S. BENINCOSA 535 ANTON BLVD # 600 COSTA MESA, CA 92626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & GEN COUNSEL PATRICK D. GROSSO 535 ANTON BLVD # 600 COSTA MESA, CA 92626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000081873530 11/16/06--01071--001 **150.00 <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 all other like empowered.

SIGNATURE: PATRICK D. GROSSO SECRETARY 11-13-06 714-885-5346  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 11/17