
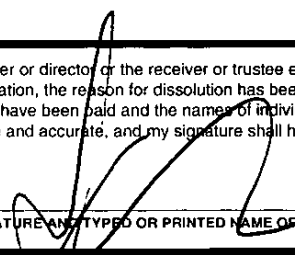


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 07 JUN 28 PM 3:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| DOCUMENT # F 05000004713 | | | |
| 1. Corporation Name Cciloan. Com Inc. | | | |
| 2. Principal Office Address - No P.O. Box # 40 Sharpe Dr <small>Suite, Apt. #, etc.</small> | | 3. Mailing Office Address 40 Sharpe Dr <small>Suite, Apt. #, etc.</small> | |
| City & State Cranston, RI | | City & State Cranston, RI | |
| Zip 02920 | Country USA | Zip 02920 | Country USA |
| 7. Name and Address of Current Registered Agent | | 4. Date Incorporated or Qualified To Do Business in Florida 8/05 | |
| Name Gentile, Annette | | 5. FEI Number 05-0448048 | |
| Street Address (P.O. Box Number is Not Acceptable) 3064 Buckeye Pointe | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, Etc. | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| City Winterhaven | | <input checked="" type="checkbox"/> 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. | |
| State FL | | Zip Code 33881 | |
| 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 Annette Gentile | | Date 6/18/07 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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 |
| Pres. | David Sisti | 40 Sharpe Dr | Cranston, RI 02920 |
| Vice Pres | Jorge fernandes | 40 Sharpe Dr. | Cranston, RI 02920 |
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| 000104984340 06/28/07--01045--001 **300.00 | | | |
| 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:  | | Date 6/11/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 401-719-5678 | |