

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

• APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 15 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002029**

1. Corporation Name

AAMES FUNDING CORPORATION

Principal Place of Business

350 S GRAND AVE
52 FL
LOS ANGELES CA 90071
US

Mailing Address

350 S. GRAND AVE.
52ND FL
LOS ANGELES CA 90071
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-2622032

Applied For

Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KORNSWIET, NEIL B	200 BAKER ST 9347 Michelson Dr.	COSTA MESA CA 92626 Irvine, CA 92612
VP	WITHERSPOON, GREGORY J	350 SOUTH GRANDE AVE, 52ND FLOOR	LOS ANGELES CA 90071
D	THOMPSON, CARY H	350 S GRAND AVE, 52ND FLOOR	LOS ANGELES CA 90071
VPSD	POLSKY, BARBARA S	350 SOUTH GRAND AVE., 52ND FLOOR	LOS ANGELES CA
VTD	SKLAR, DAVID A	350 SOUTH GRAND AVE, 52ND FLOOR	LOS ANGELES CA 90071
500003052285-3 -11/23/99-01005-019 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

David I. Farber

REGISTERED AGENT MUST SIGN

DAVID I. FARBER

ASSISTANT SECRETARY

Date 11/5/99

11. 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 under section 119.07(3)(i), 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

DAVID A. SKLAR

Date

Daytime Phone #

(323) 210-5276