

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 22 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002074

1. Corporation Name
LANDSAFE CREDIT, INC.

Principal Place of Business Mailing Address
4500 PARK GRANADA 4500 PARK GRANADA BHTT
CALABASAS CA 91302 CALABASAS CA 91302



REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable 1515 WALNUT DEAL Suite, Apt. #, etc. RM-05 Att: CRUSSELL City & State Pasadena, CA Zip 91773 Country USA	3. New Mailing Office Address, if Applicable 1515 WALNUT DEAL Suite, Apt. #, etc. RM-05 Att: CRUSSELL City & State Pasadena, CA Zip 91773 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 04/25/1996	5. FEI Number 95-4579803 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COBD	MOZILO, ANGELO R	4500 PARK GRANADA	CALABASAS CA 91302
CEO	GATES, MARSHALL	4500 PARK GRANADA	CALABASAS CA 91302
OFF	MANN, JOHN <i>Delet</i>	4500 PARK GRANADA	CALABASAS CA 91302 LS
S	SAMUELS, SANDOR E	4500 PARK GRANADA	CALABASAS CA 91302
P	HERSHKOWITZ, BRIAN	4500 PARK GRANADA	CALABASAS CA 91302
AS	PETREY, JANET	4500 PARK GRANADA	CALABASAS CA 91302

8. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	9. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. 800003063348--3 City Tallahassee, FL 32301 -12/07/99--01077--001 ***750*** 000050.00
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent Laura R. Duff **REQUIRED** Date 11-19-99
REGISTERED AGENT MUST SIGN

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: Brian Hershkowitz **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/22/99 Daytime Phone # 629-9273801