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2007 NOV 12 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

<b>DOCUMENT # F97000005555</b>	
1. Entity Name <b>GOLDEN FIRST MORTGAGE CORP.</b>	

Principal Place of Business <b>3 GRACE AVENUE GREAT NECK, NY 11021</b>	Mailing Address <b>3 GRACE AVENUE GREAT NECK, NY 11021</b>
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2. Principal Place of Business - No P.O. Box # <b>3 Grace Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>3 Grace Avenue</b> Suite, Apt. #, etc.
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City & State <b>Great Neck, NY</b>	City & State <b>Great Neck, NY</b>	4. FEI Number <b>11-2540158</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>11021</b>	Country	Zip <b>11021</b>	Country



11072007 REIN-P CR2E088 (1/07)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK INC. 11340 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>	
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7. Name and Address of New Registered Agent	
Name <b>CT Corporation System</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b>	
City <b>Plantation</b>	FL Zip Code <b>33324</b>

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]* **Ariana Bernal** **Vice President** DATE: **11-8-07**

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOVTADY, DAVID 23 HARBOR ROAD KINGS POINT, NY 11024 <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	VP MEDINA, HELEN 28 WINDCREST DRIVE MANORVILLE, NY 11949 <input checked="" 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	TREA BRUCE, BARBARA TREASUR 18 TOWNSEND PLACE SYOSSET, NY 11791 <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
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

**REINSTATEMENT**  
2007

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 507, 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 fees empowered.

SIGNATURE: *[Signature]* **Barbara Bruce** **Barbara Bruce** **11/7/07** **(516) 570-4150**

Florida Department of State  
Division of Corporations  
Public Access System

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*Please waive  
fee*

**\*RE-SUBMIT\***

*Please retain original filing  
date of submission 11/12/07*

**CORPORATION REINSTATEMENT**  
**GOLDEN FIRST MORTGAGE CORP.**

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