

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 24 AM 11:15

DOCUMENT # F99000003386

1. Corporation Name

Monument Mortgage, Inc.,
dba Interloan.com, Inc.

2. Principal Office Address

2527 Camino Ramon

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

San Ramon, CA

City & State

Zip

94583

Country

U.S.A.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/28/99

5. FEI Number

68-0091021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200008801022

11/05/02--01028--011 **750.00

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/17/02

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
CEO/ Pres.	L. Daniel Rawitch	2527 Camino Ramon, Suite 200	San Ramon, CA 94583
Sec./ V.P.	D. Allen Malmuth	2527 Camino Ramon, Suite 200	San Ramon, CA 94583
Treas. /V.P.	Eva Noack	2527 Camino Ramon, Suite 200	San Ramon, CA 94583
Dir.	William Van Arsdel	601 Van Ness Avenue #33	San Francisco, CA 94102
Dir.	L. Daniel Rawitch	2527 Camino Ramon, Suite 200	San Ramon, CA 94583

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 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]

D. Allen Malmuth

10/11/02

925-242-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)