

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 31 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024865

Name and Mailing Address

0004027 01 AT 0.292 \*\*AUTO H7 1 0615 32861-850707



DIRECT HOMES AND LOANS, LLC

P.O. BOX 618507

ORLANDO FL 32861-8507



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/20/2002	
Principal Place of Business 27 SOUTH KIRKMAN ROAD ORLANDO FL 32811	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NAKHJAVANI, ABI 27 SOUTH KIRKMAN ROAD ORLANDO FL 32811		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024338316 10/31/03--01079--012 **150.00 City FL Zip Code	
---	--	--	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date Oct/28<sup>th</sup>/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM ABI	NAKHJAVANI	27 SOUTH KIRKMAN RD	ORLANDO, FL 32811
		600024338316 10/31/03--01079--013 **5.00	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] **SIGNATURE REQUIRED** Date 10/28/03 Daytime Phone # 321-377-4269

Typed or printed name of signing Managing Member/Manager