


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 9:52

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000013614
1. Limited Liability Company's Name Eola Mortgage Funding, LLC

500060722065
11/15/05--01052--017 **50.00

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 4/15/03
6. FEI Number 02-0687597 Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

2. Principal Office Address 620 Mayfair cir
Suite, Apt. #, etc.
City & State Orlando, Fl
Zip 32803 Country Orange

3. Mailing Office Address 620 Mayfair cir
Suite, Apt. #, etc.
City & State Orlando, Fl
Zip 32803 Country Orange

8. Name and Address of Current Registered Agent

Name Javier Zeballos 500060722065
Street Address (P.O. Box Number is Not Acceptable) 819 Rivercove Lane 10/18/05--01072--007 **150.00
Suite, Apt. #, Etc.
City Orlando State FL Zip Code 32825

9. 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] Date 9/28/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>M</u>	<u>Javier Zeballos</u>	<u>620 Mayfair cir</u>	<u>Orlando, Fl. 32803</u>

REINSTATEMENT 2004-05

11. 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] Date 11/07/05 Daytime Phone # 407-557-5832
Typed or printed name of signing Managing Member/Manager JAVIER ZEBALLOS

CR2E041 (10/02)