

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

03 APR 14 PM 1:19

1. DOCUMENT # M01000002353

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0011205 01 FP 0.352 \*\*PRSR H4 3 0615 92111-233370



VIRTUAL LENDING SOURCE, L.L.C.  
8080 DAGGET ST., STE. 220  
SAN DIEGO CA 92111-2333



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		NV	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
8080 DAGGET ST., STE. 220 SAN DIEGO CA 92111		10/19/2001	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		88-0477779	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

900016225979  
04/18/03 01002 003 \*\*200.00  
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

*Not a signature*

Date April 11, 2003

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
MGR	BATLEY, ROBERT	2555 NASSAN LN.	FT LAUDERDALE FL 33312
MEM	ANDREOLI, ELLEN	8080 DAGGET ST., STE. 220	SAN DIEGO CA 92111
MEM	FICACHI, RAUL	8080 DAGGET ST., STE. 220	SAN DIEGO CA 92111
MEM	GLUCKMAN, FRED Gluckman,	8080 DAGGET ST., STE. 220	SAN DIEGO CA 92111
MEM	Giordano, Linda	8080 Dagget St. Ste. 220	San Diego, CA 92111

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

*Not a signature*

Date

4/4/03

Daytime Phone #

(602) 940-9579

Typed or printed name of signing Managing Member/Manager

Fred Gluckman

MGR / MEM