

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Morham**  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M15000

1. Corporation Name

Direct Lending Corp.

W98-24152

Principal Place of Business

2500 Hollywood Blvd.  
Suite #212  
Hollywood, FL. 33020

Mailing Address

2500 Hollywood Blvd.  
Suite #212  
Hollywood, FL. 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2500 Hollywood Blvd.

Suite, Apt. #, etc.

Suite #212

City & State

Hollywood, FL

Zip

33020

Country

Broward

3. New Mailing Office Address, If Applicable

2500 Hollywood Blvd.

Suite, Apt. #, etc.

Suite #212

City & State

Hollywood, FL

Zip

33020

Country

Broward

**REINSTATEMENT**

99-98

**FILED**

98 NOV -6 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2534681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Scott Roberts	8950 S. W. 6th Court Hollywood, FL. 33020	Hollywood, FL. 33020
VP/S/D	Ross Manella	2500 Hollywood Blvd. #212	Hollywood, FL. 33020
VP/D	Marvin Feinstein	12-B South University Dr.	Plantation, FL. 33324
T/D	Alan Freeman	1 Southeast 3rd Ave. #2120	Miami, FL. 33131

8. Name and Address of Current Registered Agent

Ross Manella  
2500 Hollywood Blvd. Suite #212  
Hollywood, FL. 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/28/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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.

Ross Manella

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 925-3355

CR2040 (12/96)