

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

04 JUN 11 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-24**

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M60398**

1. Corporation Name  
**SECURED FINANCE, INC.  
1100 5TH AVE SO. # 201  
NAPLES, FL 34102**

2. Principal Office Address  
**1100 5TH AVE. SOUTH**

3. Mailing Office Address  
**1100 5TH AVE. SOUTH**

Suite, Apt. #, etc.  
**# 201**

City & State  
**NAPLES, FL**

Zip Country  
**34102 USA**

**900037868469**

06/11/04--01017--003 \*\*935.00

4. Date Incorporated or Qualified To Do Business in Florida  
**10/7/1987**

5. FEI Number  
**65-0008084**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**KRAUS & BALLENGER PA**

Street Address (P.O. Box Number is Not Acceptable)  
**1072 GOODLETTE ROAD NORTH**


Suite, Apt. #, Etc.

City  
**NAPLES**

State  
**FL**

Zip Code  
**34102**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  


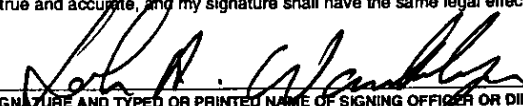
REGISTERED AGENT MUST SIGN **CHERYL R. KRAUS, PRESIDENT**

Date  
**6/9/04**

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
PSTD	WANKLYN, JOHN A.	1100 5TH AVE SO. #201	NAPLES, FL 34102
VD	DE ARMAS, LUIS	2015. BISCAYNE BLVD	MIAMI, FL 33131
SD	PERRINE, STEPHEN	2600 SW 3RD AVE #301	MIAMI, FL 33129

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN A. WANKLYN, PRESIDENT**

Date  
**6-9-04**

Daytime Phone #  
**239-649-5445**

CR2E081 (01/04)