

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:29

DOCUMENT # PO2000134623

1. Corporation Name

Estate Lenders Corp.

2. Principal Office Address

445 Lakeview Drive

3. Mailing Office Address

445 Lakeview Drive

Suite, Apt. # etc.

Apt. 6

Suite, Apt. #, etc.

Apt. 6

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/02

5. FEI Number

65-1164691

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

Toby Gerber

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

445 Lakeview Drive

Suite, Apt. #, Etc.

Apt. 6

City

Weston

State

FL

Zip Code

33326

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

Toby Gerber
REGISTERED AGENT MUST SIGN

Date 3/14/06

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
P/D	Toby Gerber	445 Lakeview Drive, Apt. 6	Weston, FL. 33326
VSTD	Harold Ecker	379 Lakeview Drive, Apt. 205	Weston, FL. 33326

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03/30/06--01051--005 **1200.00

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 contained in Chapter 119, 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:

Toby Gerber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toby Gerber, Pres. 3/14/06

Date

Daytime Phone #

954-384-0689