

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153524 1. Entity Name PRODIGAL MORTGAGE GROUP, INC.						FILED 04 OCT -7 AM 9:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 782 NW 42ND AVENUE, SUITE 442 MIAMI, FL 33126				Mailing Address 782 NW 42ND AVENUE, SUITE 442 MIAMI, FL 33126			
2. Principal Place of Business 782 NW 42ND AVE		3. Mailing Address 782 NW 42ND AVE					
Suite, Apt. #, etc. # 442		Suite, Apt. #, etc. # 442					
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-0509791		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33126		Country USA		Zip 33126		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10052004 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent ARECES, RAMIRO A 782 NW 42ND AVENUE, SUITE 442 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORALES, EVA 782 NW 42ND AVENUE, SUITE 442 MIAMI, FL 33126			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041653996 10/06/04--01047--012 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>EVA MORALES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-05-2004 3094600080 <small>Date Daytime Phone #</small>			