

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000154590</b> 1. Entity Name <b>NEW HORIZON LENDING CORP.</b>				<b>FILED</b> <b>04 OCT 18 AM 9:06</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5850 LAKE HURST DRIVE SUITE 150-11</b> <b>ORLANDO, FL 32819</b>		Mailing Address <b>5850 LAKE HURST DRIVE SUITE 150-11</b> <b>ORLANDO, FL 32819</b>			
2. Principal Place of Business Suite, Apt. #, etc. 		3. Mailing Address <b>3550 SW 126th Ave</b> Suite, Apt. #, etc. 			
City & State 		City & State <b>Miramar FL</b>			
Zip <b>33027</b>	Country <b>Broward</b>	Zip <b>33027</b>	Country <b>Broward</b>		
4. FEI Number <b>92-0186718</b>		Applied For <input type="checkbox"/> Not Applicable		10112004 REIN-P CR2E098 (6/04)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>QUINTERO, MARLENE</b> <b>3550 SW 126TH AVENUE</b> <b>MIRAMAR, FL 33027</b>	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		State <b>FL</b>			
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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>D</b> NAME <b>SANTA MARIA, RENE I</b> STREET ADDRESS <b>5850 LAKE HURST DRIVE SUITE 150-11</b> CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Jessica Quintero</b> STREET ADDRESS <b>3550-SW-126th Ave</b> CITY-ST-ZIP <b>Miramar, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Jessica Quintero</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>10/11/2004</u> (786) Telephone: <u>419-2180</u>		