


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000070154 1. Entity Name FLORIDA FAMILY HOME LOANS CORP.																																																																																																					
Principal Place of Business 2132 SW 4TH COURT CAPE CORAL, FL 33991			Mailing Address 2132 SW 4TH COURT CAPE CORAL, FL 33991																																																																																																		
2. Principal Place of Business 12771 WORLD PLAZA W Suite, Apt. #, etc. 87		3. Mailing Address 12771 WORLD PLAZA W Suite, Apt. #, etc. 87																																																																																																			
City & State FT MYERS FL		City & State FT MYERS FL		4. FEI Number 27-0088967																																																																																																	
Zip 33907		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent ACUNA, SHIRLEY 2132 SW 4TH COURT CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15381 BRIARCREST CR City FT MYERS FL Zip Code 33912																																																																																																		
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 <u><i>X Shirley Acuna</i></u> 9/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ACUNA, SHIRLEY</td> <td></td> <td>STREET ADDRESS</td> <td>500080362535</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2132 SW 4TH COURT CAPE CORAL, FL 33991</td> <td></td> <td>CITY-ST-ZIP</td> <td>10/02/06--01045--008 **150.00</td> <td></td> </tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ACUNA, SHIRLEY		STREET ADDRESS	500080362535		CITY-ST-ZIP	2132 SW 4TH COURT CAPE CORAL, FL 33991		CITY-ST-ZIP	10/02/06--01045--008 **150.00		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>X Shirley Acuna</i></u> 9/25/04 936 7763 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					

FILED
06 OCT -3 11:46
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REINSTATEMENT 2006
09252006 REINP CR2E088 (11/05)
APPLIED FOR
NOT APPLICABLE