2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000079067

Entity Name: MORTGAGE BUDDY, INC.

FILED Oct 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4014 CHASE AVE SUITE 212 11601 BISCAYNE BLVD MIAMI, FL 33140

200D

MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

4014 CHASE AVE SUITE 212 11601 BISCAYNE BLVD MIAMI, FL 33140

200D

MIAMI, FL 33181

FEI Number: 20-1140054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORES, ERIC S FLORES, ERIC S 4014 CHASE AVE 11601 BISCAYNE BLVD SUITE 212 200D MIAMI BEACH, FL 33140 US MIAMI, FL 33181 US

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.

SIGNATURE: ERIC S FLORES 10/05/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title: **PSTD** FLORES, ERIC S Name: Name: FLORES, ERIC S

4014 CHASE AVE SUITE 212 Address: 11601 BISCAYNE BLVD Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI, FL 33181

Title: VD Title: VD (X) Change () Addition () Delete

Name: FLORES, ERIC Name: FLORES, ERIC 4014 CHASE AVE SUITE 212 Address: 11601 BISCAYNE BLVD Address: MIAMI BEACH, FL 33140 MIAMI, FL 33181 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC S FLORES **PSTD** 10/05/2007