

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -4 PM 12:18

DOCUMENT # P04000100328 1. Entity Name LIBERTY MORTGAGE FUNDING, INC.			
Principal Place of Business 5570 COACH HOUSE CIR BOCA RATON, FL 33486		Mailing Address 5570 COACH HOUSE CIR BOCA RATON, FL 33486	
2. Principal Place of Business - No P.O. Box # <u>701 SE 6th AVENUE</u> Suite, Apt. #, etc. <u>102</u>		3. Mailing Address <u>701 SE 6th AVE</u> Suite, Apt. #, etc. <u>102</u>	
City & State <u>Delray Beach, FL</u> Zip <u>33483</u>		City & State <u>Delray Beach, FL</u> Zip <u>33483</u>	
Country <u>US</u>		Country <u>US</u>	
4. FEI Number 20-1501600		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES RD SUITE 305A BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.</small>		<u>JOHN P. MILLER</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <u>2/11/08</u> <small>DATE</small>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
FILE NOW!!! FEE IS \$300.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROSENTHAL, RYAN STREET ADDRESS 5570 COACH HOUSE CIR CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE PD NAME ROSENTHAL, RYAN STREET ADDRESS 701 SE 6th AVE #102 CITY-ST-ZIP DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME COHEN, EREZ STREET ADDRESS 701 SE 6th AVE #102 CITY-ST-ZIP DELRAY BEACH FL 33483	<input type="checkbox"/> Delete	TITLE VPD NAME COHEN, EREZ STREET ADDRESS 701 SE 6th AVE #102 CITY-ST-ZIP DELRAY BEACH FL 33483	<input type="checkbox"/> Change <input checked="" 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
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
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>EREZ COHEN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
DATE <u>2/11/08</u> <small>DATE</small>		DAYTIME PHONE # <u>561-819-1200</u> <small>Daytime Phone #</small>	