

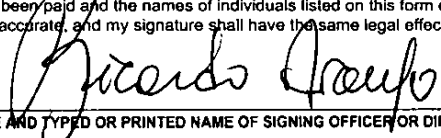


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 OCT 31 PM 12: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P04000156299 <small>1. Corporation Name</small> STAR LENDING MORTGAGE INC			
2. Principal Office Address 4872 NW 168 TERR <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4872 NW 168 TERR <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> OPA LOCKA		<small>City & State</small> OPA LOCKA	
<small>Zip</small> 33055	<small>Country</small> FL	<small>Zip</small> 33055	<small>Country</small> FL
4. Date Incorporated or Qualified To Do Business in Florida 11/16/2004		5. FEI Number 20-1882204	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>		<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
7. Name and Address of Current Registered Agent			
<small>Name</small> Ricardo Araujo			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 10224 NW 130 ST			
<small>Suite, Apt. #, Etc.</small>			
<small>City</small> Hialeah Gardens		<small>State</small> FL	<small>Zip Code</small> 33018
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
<small>Signature of Registered Agent</small> 		<small>Date</small> 10/26/06	
<small>REGISTERED AGENT MUST SIGN</small>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
VP	Nelida Rodriguez	10315 NW 129 ST	Hialeah Gardens FL 33018
500081362565 10/31/06--01026--007 **908.75			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		<small>Date</small> 10/26/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small> (205) 975 2735	