


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 27 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000114393		
1. Entity Name UNITED HOME LENDERS, INC.		

Principal Place of Business 12720 SW 76 ST MIAMI, FL 33183	Mailing Address 12720 SW 76 ST MIAMI, FL 33183
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2. Principal Place of Business 9485 SW 72nd St Suite, Apt. #, etc. A-250 City & State MIAMI Zip FI Country 33183	3. Mailing Address Same as Place of Business Suite, Apt. #, etc. City & State Zip Country
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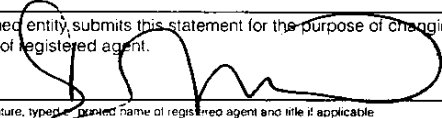


10202006 REIN-P CR2E098 (11/05)

4. FEI Number 01-149-1421	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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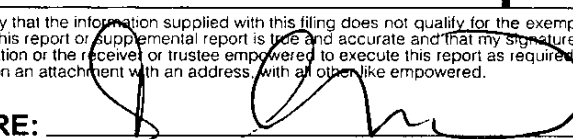
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NARDO, DEIDRE 12720 SW 76 ST MIAMI, FL 33183	7. Name and Address of New Registered Agent Name Deidre Nardo Street Address (P.O. Box Number is Not Acceptable) 9485 SW 72nd St Suite A-250 City MIAMI FL Zip Code 33183
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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  Signature, typed or printed name of registered agent and title if applicable	DATE 10/20/06 (NOTE: Registered Agent signature required when reinstating)

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NARDO, DEIDRE 12720 SW 76 ST MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081303317 10/27/06--01058--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARDO, DEIDRE 12720 SW 76 ST MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10/20/06 Daytime Phone #

10/3/06