## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000125601

Name:

Address:

City-St-Zip:

Entity Name: SUNBELT PROPERTY FINANCE CO.

FILED Feb 05, 2009 Secretary of State

		1110	200111111111111111111111111111111111111			
Current Principal Place of Business:				New Principal Place of Business:		
	IVERSITY DR.: PRINGS, FL 33		US			
Current Mailing Address:				New Mailing Address:		
	IVERSITY DR.: PRINGS, FL 33		US			
FEI Number	: 26-1473119	FEIN	umber Applied For()	FEI Number Not A	pplicable ( )	Certificate of Status Desired (X)
Name and	Address of C	urrent	Registered Agent:	Name a	nd Addres	s of New Registered Agent:
	71 AVE. ERDALE, FL 33		US s this statement for the	ourpose of changin	a its reaiste	ered office or registered agent, or both,
	e of Florida.			p	9 9	,,
SIGNATUI	RE: KARIN PA					
	Electroni	c Sigr	ature of Registered Ag	ent		Date
			F.S., the corporation did n Fund Contribution (  ).	ot receive the prior no	otice.	
	S AND DIRECT		* ,	ADDITIO	ONS/CHAN	IGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () PAUL, KARIN 5901 NW 71 AV FT. LAUDERDAI		33321 US	Title: Name: Address: City-St-Zi <sub>t</sub>	<b>)</b> :	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SECT () PAUL, KARIN 5901 NW 71 AV FT. LAUDERDAI		33321 US	Title: Name: Address: City-St-Zip	<b>)</b> :	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TREA () PAUL, KARIN 5901 NW 71 AV FT. LAUDERDAI		33321 US	Title: Name: Address: City-St-Zip	<b>)</b> :	( ) Change ( ) Addition
Title:	( )	Delete		Title:	VP	( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KARIN PAUL P 02/05/2009

PATTERSON, CHARLES V

PARKLAND, FL 33067 US

6425 NW 77 PL