

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 10, 2009  
Secretary of State**

DOCUMENT# P08000000139

Entity Name: INTERSTATE LOANS, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

320 S. FLAMINGO ROAD  
304  
PEMBROKE PINES, FL 33027 US

2114 N. FLAMINGO ROAD  
1260  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

**New Mailing Address:**

320 S. FLAMINGO ROAD  
304  
PEMBROKE PINES, FL 33027 US

2114 N. FLAMINGO ROAD  
1260  
PEMBROKE PINES, FL 33028 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

STUBBS, DEVON  
320 S. FLAMINGO ROAD  
304  
PEMBROKE PINES, FL 33027 US

STUBBS, DEVON  
2114 N. FLAMINGO ROAD  
1260  
PEMBROKE PINES, FL 33028 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: DEVON STUBBS 10/10/2009  
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: P ( ) Delete  
Name: STUBBS, DEVON  
Address: 320 S. FLAMINGO ROAD, SUITE 304  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: P (X) Change ( ) Addition  
Name: STUBBS, DEVON  
Address: 2114 N. FLAMINOG ROAD  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: DEVON STUBBS P 10/10/2009  
Electronic Signature of Signing Officer or Director Date