

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92-000003283

1. Corporation Name

London Financial, Inc.

2. Principal Office Address

460 Bella Vista Ct. N.

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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-04/07/00--01013--004
***1050.00 ***1050.00
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/10/92

5. FEI Number

65-0367681

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Curtis Arnold

Street Address (P.O. Box Number is Not Acceptable)

460 Bella Vista Court, N.

Suite, Apt. #, Etc.

City

Jupiter,

State
FL

Zip Code
33477

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.

Signature of Registered Agent

Curtis Arnold

Date

3/27/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Curtis Arnold	460 Bella Vista Court, N	Jupiter, FL 33477

REINSTATEMENT 98-00

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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 under section 119.07(3)(i), 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:

Curtis Arnold

Curtis Arnold

3/27/00

Date

Daytime Phone #

(561) 575-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)