PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 05 JUN 24 PH 1:13
DOCUMENT #8960000 1. Corporation Name U.S. Home	37556 E LENDING Corporation	SECRUTA AND AND AND AND AND AND AND AND AND AN
2. Principal Office Address 1252 Sabal Trail Suite, Apt. #, etc.	3. Mailing Office Address 1252 Sabal Trail Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 7/31/2001
City & State Weston, FL Zip 33327 Country LLS. A	City & State Weston, FL Zip 33327 Country BOWAND USA	5. FEI Number 650659794 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
city Neston	FL 33327	State Zip Code 33327
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 Date Lo/21/05 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Pres. Jason M. Clar	K 1252 Sabal Trai	L Weston FL 33327
	Light Danger and Health and American Am	600056520646 06/24/0501062009 **450.00
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

To Whom it may concern,

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The address currently listed has been incarrect for three years and has caused U.S. Home Lading to not receive our Annual Report Natice, to be in compliant with the state of Flaide. Due to the encorrect address place allow us to only pay the \$1450.00 re-instatement fee.

Thank you.

Jason M. Clark

President of U.S. Home Leading.