

FILED

2006 NOV 17 PM 3:41

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                     |                 |                                                                                   |                                                                     |                                                                               |  |
|-------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|--|
| <b>CORPORATION REINSTATEMENT</b>                                                    |                 |  |                                                                     | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # <b>P96000054389</b>                                                      |                 |                                                                                   |                                                                     |                                                                               |  |
| 1. Corporation Name<br><br>Delray Mortgage and Finance, Inc., a Florida corporation |                 |                                                                                   |                                                                     |                                                                               |  |
| 2. Principal Office Address<br>605 Pelican Way<br>Suite, Apt. #, etc.               |                 |                                                                                   | 3. Mailing Office Address<br>605 Pelican Way<br>Suite, Apt. #, etc. |                                                                               |  |
| City & State<br>Delray Beach, FL                                                    |                 |                                                                                   | City & State<br>Delray Beach, FL                                    |                                                                               |  |
| Zip<br>33494                                                                        | Country<br>U.S. | Zip<br>33494                                                                      | Country<br>U.S.                                                     |                                                                               |  |

REINSTATEMENT

98-06

CR2E081 (12/05)

|                                                                                   |                   |
|-----------------------------------------------------------------------------------|-------------------|
| 7. Name and Address of Current Registered Agent                                   |                   |
| Name<br>CT Corporation System                                                     |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Road |                   |
| Suite, Apt. #, Etc.                                                               |                   |
| City<br>City of Plantation                                                        | State<br>FL       |
|                                                                                   | Zip Code<br>33324 |

| 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<br><i>Renee Cruz</i><br><b>Renee Cruz, Asst. Secretary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | Date<br><b>11-17-06</b>                        |                    |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                |                    |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of Officers and/or Directors           | Street Address of Each Officer and/or Director | City / State / Zip |
| Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Randy Kertesz, President and Director       | 3439 Brainard Road                             | Woodmere, OH 44122 |
| Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Randy Kertesz, V.P., Treasurer and Director | 3439 Brainard Road                             | Woodmere, OH 44122 |
| Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Stacy Maxson, Secretary and Director        | 3439 Brainard Road                             | Woodmere, OH 44122 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                |                    |
| 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 contained in Chapter 119, 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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             | Date<br>September 19, 2006                     |                    |
| SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | Daytime Phone #                                |                    |

11/17/06

2/2

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000278495 3)))



H060002784953ABC8

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**CORPORATION REINSTATEMENT**

**DELRAY MORTGAGE AND FINANCE, INC.**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$1,950.00 |

Electronic Filing Menu

Corporate Filing Menu

Help