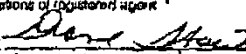


2008 FOR PROFIT CORPORATION REINSTATEMENT

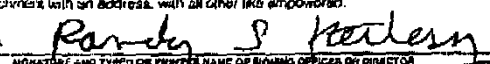
FILED

08 APR 16 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054389																											
1. Entity Name DELRAY MORTGAGE AND FINANCE, INC.																											
Principal Place of Business		Mailing Address																									
605 PELICAN WAY DELRAY BEACH, FL 33494		605 PELICAN WAY DELRAY BEACH, FL 33494																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																									
		1660 W. 2nd Street Suite 1100																									
Suito, Apt. #, etc.		Suito, Apt. #, etc.																									
City & State		City & State																									
Cleveland, OH		Cleveland, OH																									
Zip	Country	Zip	Country																								
44113-1448	USA	44113-1448	USA																								
4. FEI Number		Applied For																									
65-0681728		Not Applicable																									
5. Certificate of Status Desired		58.75 Additional Fee Required																									
☐		☐																									
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
8. 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. I am further willing, and accept the obligations of registered agent.																											
SIGNATURE		Diane Stout, Asst. Secretary																									
		4-16-08																									
NOTE: Registered Agent signature required when reinstating.																											
FILE NOW!!! FEE IS \$900.00																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>KERTESZ, RANDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3439 BRAINARD ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WOODMERE, OH 44122</td> <td></td> </tr> </table>		TITLE	PD	☐ Delete	NAME	KERTESZ, RANDY		STREET ADDRESS	3439 BRAINARD ROAD		CITY-ST-ZIP	WOODMERE, OH 44122		<table border="1"> <tr> <td>TITLE</td> <td>TD</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Ronnie M. Kertesz</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3439 Brainard</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Woodmere, OH 44122</td> <td></td> </tr> </table>		TITLE	TD	☐ Change ☒ Addition	NAME	Ronnie M. Kertesz		STREET ADDRESS	3439 Brainard		CITY-ST-ZIP	Woodmere, OH 44122	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/16/08

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MR. Williams APR 16 2008

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

DELRAY MORTGAGE AND FINANCE, INC.

Certificate of Status	0
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Page Count	02
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