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08 APR 16 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION REINSTATEMENT

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~~

04152008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address:
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1100
City & State	City & State Cleveland, OH
Zip / Country	Zip: 44113-1448 / Country: USA

4. FEI Number: 65-0681728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 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 familiar with, and accept the obligations of registered agent.

SIGNATURE: Diane Stout Diane Stout, Asst. Secretary 4-16-08
Typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KERTESZ, RANDY 3439 BRAINARD ROAD WOODMERE, OH 44122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KERTESZ, RANDY 3439 BRAINARD ROAD WOODMERE, OH 44122	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ronnie M. Kertesz 3439 Brainard ~~Woodmere, OH 44122~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAXSON, STACY 3439 W. BRAINARD RD WOODMERE, OH 44122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07-08	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Randy S Kertesz 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

M. Williams APR 16 2008

Division of Corporations

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

DELRAY MORTGAGE AND FINANCE, INC.

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