PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE PLICATION Jim Smith FILED Secretary of State DIVISION OF CORPORATIONS 02 OCT 25 PM 3: 20 P96000056480 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name STATEWIDE CAPITAL INVESTMENTS, CORP. Principal Place of Business Mailing Address 2225 CURRY FORD ROAD 2300 CURRY FORD ROAD STE B ORLANDO FL 32806 ORLANDO FL 32806 10-25-02 01076 007 \$150.01 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida vald forcy 150 07/01/1996 5. FEI Number Applied For 59-3404709 City & Sta Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director ZEGERS, BERTON 2735 MISTIC COVER DRIVE ORLANDO FL 32828 -13421 FORDWELL DRIVE -CULBERTSON, GREGORY Culbertson, Gregory D 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CULBERTSON, GREG 2300 CURRY FORD RD ORLANDO FL 32806 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. SIGNATURE REQUIRED Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 11. 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 filling 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 407 898270
Davirne Phone #

SIGNATURE

STATEWIDE MORTGAGE FUNDING, INC.

Licensed Mortgage Broker Business

2225 Curry Ford Road • Suite B • Orlando, FL 32806 • (407) 898-2707 • FAX (407) 898-3135 • 800-393-8103

October 23, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I just received the Notice of Administrative Dissolution from the people located at my previous address. We moved from the previous address over a year and a half ago. On our last report to your office we notified you of our change of address. I did not realize that your office did not have this information corrected in your system until I receive the Notice of Administrative Dissolution from the present occupants of my previous location. Looking at the form I last completed I place "same" in the mailing address thinking I was conveying that my new mailing address was the same as my new physical address:

I called your office today the 23rd of October and spoke with a gentleman named Scott who told me to send my previous UBR, the Notice of Administrative Dissolution and a check for \$150 and your office would consider the reinstatement for me

I would sure appreciate your consideration since I have not receive any correspondence due to the possibility of the forwarding address not corrected in your system. Thank you in advance of your time and consideration of my request.

Sincerely

Greg Culbertson

Gedulbuh

Vice President / Statewide Capital and Investments, Inc.