

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY -3 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102222

**1. Corporation Name**

SOUTH FLORIDA LENDING CORPORATION

**2. Principal Office Address**

9755 S.W. 166TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

**3. Mailing Office Address**

9755 S.W. 166TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
65-0718992

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04  
WOP

**7. Name and Address of Current Registered Agent**

Name  
RIOS, OSCAR

Street Address (P.O. Box Number is Not Acceptable)  
9755 S.W. 166TH TERRACE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33157

600036191806  
05/12/04--01030--005 \*\*300.00

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 4/26/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	RIOS, OSCAR	9755 S.W. 166TH TERRACE	MIAMI, FL 33157
	<i>[Signature]</i>	<i>[Signature]</i>	33186

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

(303) 266-1057  
Daytime Phone #

CR2E081 (01/04)

202

**SOUTH FLORIDA LENDING CORPORATION**  
9755 S.W. 166TH TERRACE  
MIAMI FL 33157

April 26, 2004

TO WHOM IT MAY CONCERN:

BECAUSE WE DID NOT RECEIVE CORRESPONDENCE FROM YOUR  
DEPARTMENT , THE 2003 ANNUAL FILING FEE WAS OVERLOOKED, AND  
WAS NOT PAID.

PLEASE ACCEPT THE ENCLOSED PAYMENT FOR THE ANNUAL REPORTS OF  
2003 AND 2004.

SINCERELY



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OSCAR RIOS  
PRESIDENT