PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR 16 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067580

REINSTATEMENT 98-00

1. Corporation Name
DEVELOPERS FUNDING CORPORATION

2. Principal Office Address	3. Mailing Office Address
450 SW 5 AVENUE	450 SW 5 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33315 Country:	Zip: 33315 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/1997

6. FEI Number: 65-0921312 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARK BLUMSTEIN

Street Address (P.O. Box Number is Not Acceptable): 33 N.E. 2 STREET, SUITE 101

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE, State: FL Zip Code: 33301

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: Mark Blumstein Date: 3/15/00

REGISTERED AGENT MUST SIGN

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
P/S/D	JEFFREY PHILLIPS	2700 NW 26 AVENUE	BOCA RATON, FL 33434
			700003207717--7 04/13/00--01095--002 ****500.00 ****500.00
			700003207717--7 04/13/00--01095--003 ****500.00 ****500.00
			700003207717--7 04/13/00--01095--004 *****50.00 *****50.00

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: PRESIDENT 3/15/00 (954)-779-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #