PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED AND FILED

02 NOV 14 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067580

1. Corporation Name

Developers Funding Corporation

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
448 SW 5th Ave	448 SW 5th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale	City & State: Fort Lauderdale
Zip: 33315 Country: Broward	Zip: 33315 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 08/05/1997

5. FEI Number: 650921312 ☐ 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 I. Blumstein

Street Address (P.O. Box Number is Not Acceptable): 4040 Sheridan Street

Suite, Apt. #, Etc.:

City: Holly wood State: FL Zip Code: 33021

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 Blst

REGISTERED AGENT MUST SIGN

Date: 11/12/02

CR2E081 (9/01)

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~~	~~Jeffrey Phillips~~	~~448 SW 5th~~ Ave	~~Ft. Lauderdale, FL 33315~~
P/D	Jeffrey Phillips	2700 NW 26 Ave	Boca Raton, FL 33434
			400008336544 11/14/02--01016--015 **750.00

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: _____ 11/12/02 954 764 3167

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

TOTAL P.02