

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000081709

FILED
Nov 19, 2008
Secretary of State

Entity Name: COMMUNITY FINANCE CORPORATION

Current Principal Place of Business:

643 HIGHWAY US 27
MOORE HAVEN, FL 33471

New Principal Place of Business:

5017 SW 139 TERR
MIRAMAR, FL 33027

Current Mailing Address:

P.O. BOX 1652
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 65-0783008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SSOUTHWEST 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SPIEGEL & UTRERA, P.A.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GRANT, JULIA
Address: 5017 S.W. 139 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: O () Delete
Name: CANDIA, MIRTA
Address: 5017 SW 139 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: P () Delete
Name: CALVO, NICOLETA
Address: 5017 SW 139 TERRACE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLETA CALVO

P

11/19/2008

Electronic Signature of Signing Officer or Director

Date