


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P48000030728</u>			
1. Corporation Name <u>Southern Trust Mortgage Funding Inc.</u>			
2. Principal Office Address <u>1051 NW 116 AVE</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1051 NW 116 AVE</u> Suite, Apt. #, etc.	
City & State <u>PLANTATION, FL</u> Zip <u>33323</u> Country <u>USA</u>		City & State <u>PLANTATION, FL</u> Zip <u>33323</u> Country <u>USA</u>	

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SECRETARY OF STATE
TALLAHASSEE FLORIDA800003924738--4
-03/29/01--01009--024
***1058.75 ***1058.75

4. Date Incorporated or Qualified To Do Business in Florida <u>04/98</u>	
5. FEI Number <u>65-0826-238</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent Name <u>Glenn Kennedy</u> Street Address (P.O. Box Number is Not Acceptable) <u>1051 NW 116 AVE.</u> Suite, Apt. #, Etc. City <u>PLANTATION</u>		State <u>FL</u> Zip Code <u>33323</u>
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REINSTATEMENT 9901

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 <u>Glenn Kennedy</u> Date <u>3/16/01</u> REGISTERED AGENT MUST SIGN	
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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
PRESIDENT	Glenn Kennedy	1051 NW 116 AVE	PLANTATION, FL. 33323

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: Glenn Kennedy **Glenn Kennedy** **03/16/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)