
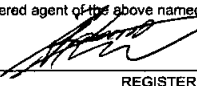
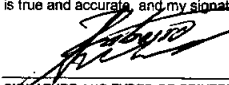


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name AMERILENDING FUNDING CORPORATION <div style="text-align: center; margin-top: 10px;">P99000013624</div>			
2. Principal Office Address 491 EAST HIALEAH DR. Suite, Apt. #, etc. SUITE # 4 City & State HIALEAH FLORIDA Zip Country 33010 U.S.A.		3. Mailing Office Address 491 EAST HIALEAH DR. Suite, Apt. #, etc. SUITE #4 City & State HIALEAH FLORIDA Zip Country 33010 U.S.A.	
		300006360323--4 -07/12/02--01059--022 ****908.75 ****908.75 REINSTATEMENT 01-02	
		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">02/11/99</div>	
		5. FEI Number 65-0893439	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name JULIO M. RABEIRO			
Street Address (P.O. Box Number is Not Acceptable) 3160 S.W 133 CT			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33175
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  Date 7/6/02 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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
PDTE	JULIO RABEIRO	3160 SW 133 CT	MIAMI/FL/ 33010
DR	JULIO RABEIRO	3160 SW 133 CT	MIAMI/FL/33010
SEC	JULIO RABEIRO	3160 SW 133 CT	MIAMI/FL/33010
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: 		Date 7/7/02 Daytime Phone # 786-213-0850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (9/01)

9/ 7/10/02