

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000013624</b>					
<b>1. Entity Name</b> AMERILENDING FUNDING, CORP.					
<b>Principal Place of Business</b> 491 EAST HIALEAH DRIVE SECOND FLOOR HIALEAH, FL 33010			<b>Mailing Address</b> 491 EAST HIALEAH DRIVE SECOND FLOOR MIAMI, FL 33010		
<b>2. Principal Place of Business - No P.O. Box #</b> 491 Hialeah Drive		<b>3. Mailing Address</b> 491 Hialeah Drive			
Suite, Apt. #, etc. Suite # 4		Suite, Apt. #, etc. Suite # 4			
City & State Hialeah, FL		City & State Hialeah, FL			
Zip 33010		Country Miami, FL		Zip 33010	
Country Miami, FL		Country Miami, FL			
<b>6. Name and Address of Current Registered Agent</b>  RABEIRO, JULIO M 3160 SW 133 CT MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b> Name: <u>Julio M. Rabeiro</u> Street Address (P.O. Box Number is Not Acceptable): <u>4100 SW 145 Terrace</u> City: <u>Miramar</u> <b>FL</b> Zip Code: <u>33027</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>[Signature]</u> <u>Julio M. Rabeiro / President</u> DATE: <u>09/29/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST RABEIRO, JULIO M 3160 SW 133 CT MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Julio M. Rabeiro 4100 SW 145 Terrace MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other, like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>09/29/07</u> Daytime Phone #: <u>786-213-0850</u>		

FILED

07 OCT -3 PM 2:44

CLERK OF STATE  
TALLAHASSEE, FLORIDA



09192007 REINSTATEMENT CR2E098 (1/07)

**REINSTATEMENT**

4. FEI Number  
65-0893439

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

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

09/10/05