

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033827

1. Corporation Name

Community Loans of America, Inc.

2. Principal Office Address

8601 Dunwoody Place

3. Mailing Office Address

8601 Dunwoody Place

Suite, Apt. #, etc.

Suite 406

Suite, Apt. #, etc.

Suite 406

City & State

Atlanta, Georgia

City & State

Atlanta, GA

Zip

30350

Country

USA

Zip

30350

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1994

5. FEI Number

65-0941204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

800008804118

11/05/02--01047--008 **758.75

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

Corrie By

REGISTERED AGENT MUST SIGN

Date 10/31/02

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
D/P/C	Robert I. Reich	8601 Dunwoody Place, Suite 406	Atlanta, Georgia 30350
V/T/CF	Terry E. Fields	8601 Dunwoody Place, Suite 406	Atlanta, Georgia 30350
S/GC	John J. McCloskey	8601 Dunwoody Place, Suite 406	Atlanta, Georgia

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary & General Counsel

10/21/2002 (770)552-9840

Date

Daytime Phone #

CR2E081 (9/01)

g 11/1/02