

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV 15 AM 8:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F96000002029

1. Corporation Name

AAMES FUNDING CORPORATION

Principal Place of Business

Mailing Address

350 S GRAND AVE  
 52 FL  
 LOS ANGELES CA 90071  
 US

350 S. GRAND AVE.  
 52ND FL  
 LOS ANGELES CA 90071  
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/24/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-2622032

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KORNSWIET, NEIL B	200 BAKER ST 9347 Michelson Dr.	COSTA MESA CA 92626 Irvine, CA 92612
VP	WITHERSPOON, GREGORY J	<del>350 SOUTH GRANDE AVE, 52ND FLOOR</del>	<del>LOS ANELES CA 90071</del>
D	THOMPSON, CARY H	<del>350 S GRAND AVE, 52ND FLOOR</del>	<del>LOS ANGELES CA 90071</del>
VPSD	POLSKY, BARBARA S	<del>350 SOUTH GRAND AVE., 52ND FLOOR</del>	<del>LOS ANGELES CA</del>
VTD	SKLAR, DAVID A	350 SOUTH GRAND AVE, 52ND FLOOR	LOS ANGELES CA 90071

500003052285-3  
 -11/23/99-01005-019  
 \*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*David I. Farber*

DAVID I. FARBER  
 ASSISTANT SECRETARY

Date 11/5/99

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. SKLAR

Date

Daytime Phone #

(323) 210-5276