

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 08, 2005  
Secretary of State**

DOCUMENT# P02000134926

Entity Name: GAROFALO MORTGAGE CORPORATION

**Current Principal Place of Business:**

1940 COMMERCE ST.  
SUITE 305  
YORKTOWN HEIGHTS, NY 10598

**New Principal Place of Business:**

1940 COMMERCE ST.  
SUITE 307  
YORKTOWN HEIGHTS, NY 10598

**Current Mailing Address:**

1940 COMMERCE ST.  
SUITE 305  
YORKTOWN HEIGHTS, NY 10598

**New Mailing Address:**

1940 COMMERCE ST.  
SUITE 307  
YORKTOWN HEIGHTS, NY 10598

FEI Number: 13-3600662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARRY, BLYNN  
6980 S.E. CONSTITUTION BLVD.  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LARRY BLYNN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GAROFALO, JAMES M  
Address: 2190 RIDGE STREET  
City-St-Zip: YORKTOWN HEIGHTS, NY 10598

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. GAROFALO

PRES

11/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date