


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

payc102

CORPORATION



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

FILED

02 JUL 2002 PM 2:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # **F99000000266**

1. Corporation Name
1st Continental Mortgage, Inc

2. Principal Office Address		3. Mailing Office Address	
1040 Bayview Dr		1040 Bayview Dr	
Suite, Apt. #, etc. Suite 1010		Suite, Apt. #, etc. Suite 1010	
City & State Ft. Lauderdale		City & State Ft. Lauderdale	
Zip 33304	Country USA	Zip 33304	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **1/14/99**

5. FEI Number **NONE**

6. CERTIFICATE OF STATUS DESIRED 5873 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Eric Bussiere**

Street Address (P.O. Box Number is Not Acceptable)
625 NE 17th Terr.

Suite, Apt. #, Etc.
Suite - A

City **Ft. Lauderdale** State **FL** Zip Code **33304**

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 *[Signature]* Date **7/18/02**

REGISTERED AGENT MUST SIGN

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
Pres	Raymond Moatz	1040 Bayview Dr - Suite 1010	Ft. Lauderdale FL 33304

00-02 MBR

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]* Date **7-18/02** Daytime Phone # **954-566-0666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E01 (8/01)

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Page 2 of 2

**1st CONTINENTAL
MORTGAGE INC.**

1040 BAYVIEW DRIVE
SUITE #610
FORT LAUDERDALE FL 33304

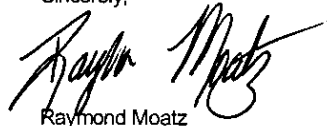
July 18, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

Enclosed is my application and check (\$450.00) for corporation reinstatement. I was told to give a brief explanation on why we did not fill out a uniform business report for the year 2000. We relocated to Maryland and never received any literature regarding keeping the corporation active. Now that we are back in Florida we would like to make sure that all our responsibilities are met. Please accept my apologies for any inconvenience.

Sincerely,



Raymond Moatz
President

Doc# F99 000 000 266