

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 17 AM 11:21

DOCUMENT # **L51674**

1. Corporation Name  
**MONEY MORTGAGE, INC.**

Principal Place of Business	Mailing Address
10121 W. SAMPLE RD. CORAL SPRINGS FL 33065 US	10121 W. SAMPLE RD. CORAL SPRINGS FL 33065 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/16/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0215784	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DPS	MANDEL, PAUL	10121 W. SAMPLE RD.	CORAL SPRINGS FL
V	SOMMERER, PATRICIA L	10121 W SAMPLE RD	CORAL SPRINGS FL
			500004658215--6 -10/30/01--01005--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANDEL, PAUL 10121 W. SAMPLE RD. CORAL SPRINGS FL 33065	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State / Zip Code
	FL	

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

SIGNATURE REQUIRED

Date

10-14-01

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 REQUIRED

Date

Daytime Phone #

10-14-01

CF2E040 (8/01)

October 15, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Money Mortgage Document L 51674

Enclosed please find our application for reinstatement along with check in the amount of \$150.00 to cover the Annual report fee and the corporate supplemental fee.

We never received anything prior this in the mail this year on any of our Companies regarding the Annual report and fee.

We are requesting a one time waiver of the \$600.00 reinstatement fee as it certainly was not our intention to overlook this matter.

We would appreciate your favorable response back to us as soon as possible. Thank you very much for your assistance regarding this important matter.

Sincerely,

Paul Mandel  
President.



FEDERATED HOME MORTGAGE

10121 w. sample road  
coral springs  
florida  
33065  
954/755-HOME (4663)  
fax 954/755-8550