

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 MAR 14 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95361

1. Corporation Name

OLYMPUS MORTGAGE CORPORATION

W00-5394

2. Principal Office Address

4150 NW 7TH STREET

Suite, Apt. #, etc.
SUITE 203

City & State

MIAMI, FLORIDA

Zip
33126

Country
USA

3. Mailing Office Address

4150 NW 7TH STREET

Suite, Apt. #, etc.
SUITE 203

City & State

MIAMI, FLORIDA

Zip
33126

Country
USA

REINSTATEMENT

94-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/21/1990

5. FEI Number

65-0221939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EXPRESS DATA PROCESSING CORP

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

960 SOUTHWEST 138TH PLACE

Suite, Apt. #, Etc.

500003178595-4

-03/22/00-01002-012

***1650.00 ***1650.00

City

MIAMI

State
FL

Zip Code
33184

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 02/23/2000

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
P	MARTA E. SAN-MARTIN	9521 TONI DRIVE	MIAMI, FL 33157

KE

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:

Marta E. San Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/2000

Date

(305) 631-9100

Daytime Phone #

CR2E081 (9/99)