PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 AM 9:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000118291**

1. Corporation Name

INTERNATIONAL MORTGAGE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
~~1817 SOUTH OCEAN DR. APT. 718~~ ~~HALLANDALE BCH FL 33009~~	~~1817 SOUTH OCEAN DR. APT. 718~~ ~~HALLANDALE BCH FL 33009~~

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1720 HARRISON ST.	1720 HARRISON ST.
Suite, Apt. #, etc.: 17A	Suite, Apt. #, etc.: 17A
City & State: HOLLYWOOD FL.	City & State: HOLLYWOOD FL
Zip: 33020 Country: USA	Zip: 33020 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/2002

5. FEI Number: 74-3068050 ☐ Applied For ☐ Not Applicable

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
PTD	LEVY, AVI	1817 SOUTH OCEAN DR, APT. 718	HALLANDALE BCH FL 33009
VSD	MORARU, DANA	1817 SOUTH OCEAN DR, APT. 718	HALLANDALE BCH FL 33009

100024339841
10/31/03--01084--004 **750.00

8. Name and Address of Current Registered Agent

MORARU, DANA
1817 SOUTH OCEAN DR, APT. 718
HALLANDALE BCH FL 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10.28.03

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 10.28.03 954.922.3075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #