

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 14 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SCG Mortgage Corporation

P13154

REINSTATEMENT 98-03

700018960607
05/14/03--01087--015 **1500.00

2. Principal Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

c/o BankUnited, FSB

City & State

Coral Gables, FL

Zip

Country

33134

USA

3. Mailing Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

c/o BankUnited, FSB

City & State

Coral Gables, FL

Zip

Country

33134

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/06/1987

5. FEI Number

51-0298164

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

Roberto Diaz

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

7815 N.W. 148th Street

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

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

Roberto Diaz

Date May 8, 2003

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
P/D	Ramiro Ortiz	255 Alhambra Circle	Coral Gables, FL 33134
D	Humberto Lopez	255 Alhambra Circle	Coral Gables, FL 33134
VP	Michael Clutter	255 Alhambra Circle	Coral Gables, FL 33134
AVP	Awilda Bonet	255 Alhambra Circle	Coral Gables, FL 33134
VP/D	John Kuczwanski	255 Alhambra Circle	Coral Gables, FL 33134
AVP	Robert Stockfleth	255 Alhambra Circle	Coral Gables, FL 33134
T	Robert Marsden	255 Alhambra Circle	Coral Gables, FL 33134
S	Eloise Hinds	255 Alhambra Circle	Coral Gables, FL 33134

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:

Humberto Lopez

May 8, 2003

(305) 231-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Humberto Lopez, Director

Date

Daytime Phone #

CR2E081 (10/02)

21 5/21