

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -3 AM 9:31

SECRETARY OF STATE
TALLahas FLORIDA

NEW ADDRESS

DOCUMENT # *P97000005332*
0103
1. Corporation Name *FIRST OPTION MORTGAGE CORP.*
3156 S. University DR
MIRAMAR, FL 33025

000015286520
04/03/03--01041--019 **150.00

2. Principal Office Address *3156 S. University DR*

3. Mailing Office Address *SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida *1-13-97*

City & State *MIRAMAR FL*

City & State

5. FEI Number *65-0720247*

Zip *FL* Country *USA*

Zip *33025* Country *BROWARD*

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *SANDRA JOHNSON*
Street Address (P.O. Box Number is Not Acceptable) *3156 S. University DR*
Suite, Apt. #, Etc.
City *MIRAMAR* State *FL* Zip Code *33025*

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 *2/13/03*
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
<i>President</i>	<i>SANDRA JOHNSON</i>	<i>3805 SW 148 TER</i>	<i>MIRAMAR FL 33027</i>

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]* *SANDRA JOHNSON* Date *2/13/03* Daytime Phone # *954450-3535*

CR2E081 (10/02)

2/14

3156 S UNIVERSITY DR
MIRAMAR, FL 33025

February 13, 2003

In reply to: INACTIVE STATUS OF CORPORATION

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

Dear Sir or Madam:

Subject: REINSTATEMENT OF FIRST OPTION MORTGAGE CORPORATION

I was just made aware of my inactive status for First Option Mortgage Corporation. Upon investigating the foregoing, I have confirmed with a representative in your office that double payment was made to Ultra Pro Realty & Investments, Inc. in 2002. Payment for both companies were mailed in the same envelope with two separate checks and the renewal forms in 2002, please make corrections. I am enclosing the renewal check for 2003 for First Option Mortgage. A separate renewal check for Ultra Pro Realty & Investments including \$8.75 additional for Certification of Status. I am enclosing a return overnight envelope for the Certification of Status to be returned to me ASAP.

P.S. I am attaching documentation for both corporations.

Respectfully yours,


SANDRA JOHNSON

PRESIDENT
FIRST OPTION MORTGAGE CORPORATION
ULTRA PRO REALTY & INVESTMENTS, INC.
Enclosure (4)

3/26/03

This is to authorize the overage payment of
\$150.00 in 2002 from P96000073768 (Ultra Pro
Realty & Investments Inc.) to P97000005332
pl applied to
First Option Mortgage

Thank you

