

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 DEC -7 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P97000106670

1. Corporation Name

1ST INTERSTATE MORTGAGE CORPORATION

2. Principal Office Address

4645 GUN CLUB RD

Suite, Apt. n., etc.

SUITE # 25

City & State

WEST PALM BEACH, FLA.

Zip

33415

Country
USA

3. Mailing Office Address

(SAME)

Suite, AIA, #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/97 Eff. 01/98

5. FEI Number

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

MITCHELL PASIN

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

4645 GUN CLUB ROAD

Suite, Apt. #, etc.

SUITE #25

City

WEST PALM BEACH

State

FL

Zip Code

33415

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****908.75 ****908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of
Registered Agent

Mitchell C. Pasin
REGISTERED AGENT MUST SIGN

Date 12/6/00

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
PSTD	MITCHELL PASIN	4645 Gun Club Rd #25	West Palm Bch, FLA 33415
VP	MacBAGBY	4645 GUN CLUB RD #25	West Palm Bch 33415

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:

Mitchell C. Pasin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MITCHELL PASIN

Date 12/06/00

561-687-1191

Date

Daytime Phone #