

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -3 PM 1:49

DOCUMENT # P99000027959

1. Corporation Name

HOME MORTGAGE LENDING OF AMERICA CORP.

Principal Place of Business

Mailing Address

9361 SW 40TH ST  
OFFICE FRONT  
MIAMI FL 33165

9361 SW 40TH ST  
OFFICE FRONT  
MIAMI FL 33165



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0909628

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GONZALEZ, ODALIS	9361 SW 40TH ST	MIAMI FL 33165
VP	MUNICA, ADELINA MUJICA,	9361 SW 40TH ST	MIAMI FL 33165
P	GONZALEZ, ALEJANDRO	9361 SW 40TH ST	MIAMI FL 33165
SEC	PEDROSO, VANESSA	9361 SW 40TH ST	MIAMI FL 33165
			300003474653--4 -11/22/00--01071--002 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ODALIS  
9361 SW 40TH ST  
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

300003474653--4

-11/22/00--01071--001

\*\*\*\*500.00 \*\*\*\*500.00

State

Zip Code

FL

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.

Signature of Registered Agent

*(Signature)*  
REGISTERED AGENT MUST SIGN

Date

09-24-2000

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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-24-2000 (305) 480-0002