


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 01 NOV 19 PM 5:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000075961

1. Corporation Name
 Colonial Residential Mortgage Corp.

2. Principal Office Address
 292 Westward Drive

3. Mailing Office Address
 292 Westward Drive

Suite, Apt. #, etc.

REINSTATEMENT 0-01

City & State
 Miami Springs, FL

City & State
 Miami Springs, FL

Zip Country
 33166 USA

Zip Country
 33166 USA

4. Date Incorporated or Qualified To Do Business in Florida
 August 25, 1999

5. FEI Number
 65-0943521

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
 Caridad Amores, Esq

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

Suite, Apt. #, Etc.

City
 Miami Springs

State
 FL

Zip Code
 33166

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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

REGISTERED AGENT MUST SIGN

Date
 11-16-01

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
D	Dennis Heid	292 Westward Drive	Miami Springs, FL 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Dennis Heid

Date
 11/16/01

Daytime Phone #
 305 885-9423

CR2001 (09/00)