PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 21 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019650

MORTGAGE FUNDING CONSULTANTS, INC.

Address of Business / Mailing Address

19777 E. Country Club Drive
Unit 4-207
Aventura, Florida 33180

700025327937--7
-05/22/98--01016--003
****908.75 ****908.75

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
N/A	N/A	3/1/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0646044 (Applied For / Not Applicable)
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED [X]
Zip / Country	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Steven E. Gouletas	505 N. Lake Shore Drive	Chicago, IL 60611
Secy.	Anthony R. DiBenedetto	505 N.Lake Shore Drive	Chicago, IL 60611
Treas.	James Schwark	505 N. Lake Shore Drive	Chicago, IL 60611
Principal Broker	Flora Fox	7525 E. Treasure Dr. #1R	N. Bay Village, FL 33141-

REINSTATEMENT 97-98 5C 5.21-98 4804

8. Name and Address of Current Registered Agent

Frances Parillo
300 Diplomat Parkway, Suite 717
Hallandale, FL 33009-3709

9. Name and Address of New Registered Agent

Name: Anthony R. DiBenedetto
Street Address (P.O. Box Number is Not Acceptable): 19777 E. COUNTRY CLUB DRIVE
Suite, Apt. #, Etc.: SUITE # 4-107
City: AVENTURA State: FL Zip Code: 33180

10. I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Anthony R. DiBenedetto Date:
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

I hereby certify that I am an officer or director of 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 this 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: Steven E. Gouletas Steven E. Gouletas 3/30/98 312-595-4759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #