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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600069741946
04/07/06--01006--012 **600.00

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000016399

1. Corporation Name

EZ MORTGAGE, INC.

2. Principal Office Address
6625 Miami Lakes Dr

3. Mailing Office Address
6625 Miami Lakes Dr

Suite, Apt. #, etc.
Suite 375

Suite, Apt. #, etc.
Suite 375

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip Country
33014 Miami-Dade

Zip Country
33014 Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 02/12/2001

5. FEI Number 65-1077640

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
Mauricio Lacayo

Street Address (P.O. Box Number is Not Acceptable)
6625 Miami Lakes Dr.,

Suite, Apt. #, Etc.
Suite 375

City
Miami Lakes,

State Zip Code
FL 33014

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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 4/4/06

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
P/V/D	Mauricio Lacayo	6625 Miami Lakes Dr., Suite 375	Miami Lakes, FL 33014

REINSTATEMENT *OB-El*

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 contained in Chapter 119, 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

4/09/06 (302) 829-3211
Date Daytime Phone #

EZ

MORTGAGE

6625 Miami Lakes Dr. Suite 375
Miami Lakes, FL 33014
Phone: (305) 829-3211 / Fax: (305) 777-3897
mauriciolacayo@ezmortgagemiami.com

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April 4, 2006

Ms. Michelle Milligan
Department of State
Division of Corporations / Reinstatement Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Doc # PO000016399 / EZ Mortgage, Inc. / Corporation Reinstatement

Dear Sir / Madam:

My corporation EZ Mortgage, Inc., was dissolved on 09/29/2003, due to a Non Sufficient Fund Check. I never received any notification regarding an NSF check from our bank or from the Department of State, Division of Corporation and never received any notification regarding the dissolution, annual report notice or the renewal fee notice from the Department of State, Division of Corporations.

By this means I am requesting to wave the reinstatement penalty fee to reinstate our corporation. Attached please find a Corporation Reinstatement form with updated information, a money order for \$15.00, to cover the NSF Fee, and a money order for \$35.00

I had already sent via Express Mail a cashier's check for \$600.00, representing the reinstatement fee and a check for \$8.75 for Certificate of Status.

Please process the attached reinstatement application and let me know via phone, via fax or via e-mail if you have any questions regarding my reinstatement application.

Sincerely,


Mauricio Lacayo
President