


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
FILED 03 MAR 28 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900014911839 03/28/03--01053--019 **450.00					
DOCUMENT # 486397					
1. Corporation Name Morningstar Mortgage Corporation					
2. Principal Office Address 2993 Wentworth			3. Mailing Office Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Weston, FL			City & State		
Zip 33332	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number 59-162-7676	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent					
Name Marjorie M. Katz					
Street Address (P.O. Box Number is Not Acceptable) 2993 Wentworth					
Suite, Apt. #, Etc.					
City Weston				State FL	Zip Code 33332
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 _____ Date _____ REGISTERED AGENT MUST SIGN					
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		
PD	Marjorie M. Katz	2993 Wentworth	Weston, FL 33332		
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: <u>Marjorie M. Katz</u> <u>March 25, 2003</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR25001 (10/02)