PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 16 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 659070

1. Corporation Name

Nationwide Mortgage & Investment Co.

Principal Place of Business	Mailing Address
2500 E. Hallandale Beach Blvd., #802 Hallandale,FL 33009	P.O. Box 85275 Hallandale, FL 33008

REINSTATEMENT

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
2500 E. Hallandale Beach	P.O. Box 85275
Suite, Apt. #, etc: Blvd., #802	Suite, Apt. #, etc
City & State: ~~Hallandale, FL~~ 33009	City & State: Hallandale, FL 33008
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/12/80

5. FEI Number — Applied For ☐ / Not Applicable ☑

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Wolfgang Kestenbaum	2049 S. Ocean Drive,#205	Hallandale, FL 33009

600002811478E- - 0
03/23/99 - -01024- -005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Wolfgang Kestenbaum
2049 S. Ocean Drive, #205
Hallandale, FL 33009

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City — State FL — Zip Code

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: ~~Feb 23 1999~~ March 12 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Feb 23, 1999 — Daytime Phone #: (954) 456-5722

CR2E081 (2/98)