

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000004912			
1. Corporation Name MORTGAGE CONSULTING GROUP, INC.			
Principal Place of Business 22 W. MORGAN #107 CHICAGO IL 60607		Mailing Address 22 W. MORGAN #107 CHICAGO IL 60607	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 1007 Thatcher Avenue Suite, Apt. #, etc. River Forest, IL Zip 60305 Country U.S.A.		3. New Mailing Office Address, If Applicable 1007 Thatcher Avenue Suite, Apt. #, etc. River Forest, IL Zip 60305 Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida 09/24/2002		5. FEI Number 36-4430315	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
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	4 City / State / Zip
P	PETTIT, TERI L	1007 THATCHER AVE	RIVER FOREST IL 60305
8. Name and Address of Current Registered Agent BENDIT, RICHARD 3964 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442		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. or 617.0505, F.S. Signature of Registered Agent <u>Richard Bendit</u> Date <u>6/24/04</u> REGISTERED AGENT MUST SIGN			
11. 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>[Signature]</u> Date <u>5/7/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304
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REINSTATEMENT 03-24

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