


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
05 MAY 26 PM 2:56  
SECURITY  
TALLAHASSEE, FLORIDA

DOCUMENT # **F03000002213**

1. Corporation Name  
AT Mortgage Inc.,

*[Handwritten signature]*

**REINSTATEMENT 04-05**

2. Principal Office Address 211 Station Rd.		3. Mailing Office Address 211 Station Rd.	
Suite, Apt. #, etc. Suite 602		Suite, Apt. #, etc. Suite 602	
City & State Mineola, NY		City & State Mineola, NY	
Zip 11501	Country Nassau	Zip 11501	Country Nassau
4. Date Incorporated or Qualified To Do Business in Florida 05/06/2003		5. FEI Number 13-4079784	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
2731 Executive Park Drive

Suite, Apt. #, Etc.  
Suite 4

City  
Weston

State  
FL

Zip Code  
33331

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

*[Handwritten signature]*  
**KARON REDMAN**  
REGISTERED AGENT MUST SIGN

ASST. SEC.

Date 05/06/05

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
Preside	Andrew Spero	211 Station Rd., Suite 602	Mineola, NY 11501

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:

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/2005

Date

(516) 845-7555

Daytime Phone #

CR2E081 (01/05)