

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F93000003635

1. Corporation Name

GFI MORTGAGE BANKERS, INC.

Principal Place of Business

50 BROADWAY
NEW YORK NY 10004

Mailing Address

50 BROADWAY
NEW YORK NY 10004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1993

5. FEI Number

11-2659800

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VDT	EISNER, ABRAHAM	50 BROADWAY	NEW YORK NY 10004
SDP	GROSS, EDIE	50 BROADWAY	NEW YORK NY 10004

700008637157
10/28/02--01124--013 **150.00

8. Name and Address of Current Registered Agent

JOSEPH, JERRY
100 GOLDEN ISLES DRIVE
SUITE 1204
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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 212-668-1444

CR2040 (8/02)

GFI

Mortgage Bankers, Inc.

An Affiliate Company of GFI Capital Resources Group, Inc.
50 Broadway, New York, NY 10004
Tel (212) 668-1444
Fax (212) 668-1680

October 24, 2002

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

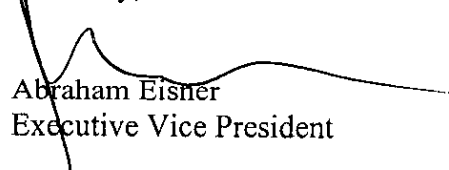
Re: GFI Mortgage Bankers, Inc.
FEI #11-2659800
Document #93000003635

To whom it may concern:

Enclosed please find a check in the amount of \$150.00, the reinstatement fee to file the report without penalty, as we never received the reports necessary to file.

Should you need to contact me, my number is (212) 837-4641. Thank you.

Sincerely,


Abraham Eisher
Executive Vice President