PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORME. FLORIDA DEPARTMENT OF STATE APPLICATION FILED Sandra B. Mortham FOR Secretary of State 98 NOV 19 PM 12: 03 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F96000006645 1. Corporation Name PMC MORTGAGE COMPANY Principal Place of Business Mailing Address 66 POWERHOUSE ROAD 66 POWERHOUSE ROAD ROSLYN HEIGHTS NY 11577 ROSLYN HEIGHTS NY 11577 REINSTATEMEN 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 Date Incorporated or Qualified To Do Business in Florida 12/18/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 3 Expressway Plaza 5. FEI Number 3 Expressway Plaza Applied For City & State 22-3091643 Not Applicable Roslyn Heights, NY Roslyn Heights, \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED [1577 USA 11577 <u>USA</u> 7. Na nes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(\$) City / State / Zip PS FRIEDMAN, RONALD 788 ARBUCKLE AVE WOODMERE NY 11598 VCT FRIEDMAN, ROBERT 33 YALE DR. MANHASSET NY 11030 900002706469---12/09/98--01003--010 ****750.00 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent FRIEDMAN, LEONARD Street Address (P.O. Box Number is Not Acceptable) 17770 DEAUVILLE LA Suite, Apt. #, Etc. **BOCA RATON FL 33496** City State Zin Code 10. I, being appointed the registered agent of the above named opporation, am familiar with and accept the obligations of Section 607.0505, F.S. almeer Signature of Registered Agent REGIST 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property fax due June 30. Yes l No 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 filling 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.

E AND TYPED OR PRINTED NAME