

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

98 NOV 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003830

1. Corporation Name

ISLAND MORTGAGE NETWORK INC.

Principal Place of Business

Mailing Address

520 BROADHOLLOW RD.
MELVILLE NY 11747

520 BROADHOLLOW RD.
MELVILLE NY 11747

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



REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/22/1997	
City & State		City & State		5. FEI Number	
Zip		Country		11-3156144	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
CP	CAPUANO, EDWARD R	520 BROADHOLLOW RD.	MELVILLE NY 11747
CP	KEENE, GARRETT	520 BROADHOLLOW RD.	MELVILLE NY 11747
Asst Secy	Cindy Eisele	520 Broadhollow Rd	Melville, NY 11747
			600002691886-6 -11/18/98-01088-006 ***750.00***750.00 11-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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: CONNIE BRYAN JARED Date: 11/18/98
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(f), 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: Edward R. Capuano Date: 11/16/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Edward R. Capuano, CP Daytime Phone # 576-844-9805

CR2EY40 (9/88)