PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RE

DOCUMENT #

1. Corporation Name



F97000005555

ORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

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03 NOV 25 PM 3:50

SECNETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION	FL
FOR	
EINSTATEMENT	

GOLDEN FIRST MORTGAGE CORP.

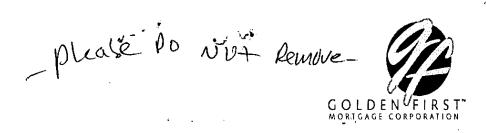
							3605≥ U 23C30 0			
Principa	I Place of Busine	ss	Mailing /	Address		NE	STATEM	活制プロろ		
				NTINGTON OUAD 3RD FL CENTER WING ILLE NY 11747						
If abov	ve addresses are	incorrect in any way, line t	hrough incorr	ect information	and enter correction below.	80 10/24	0002409: /030106002	1.858 27 **150.00		
		Address, If Applicable			ddress, If Applicable	4. Date Incorp	porated or Qualified			
Suite, A	pt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			To Do Business in Florida 10/22/1997			
City & S	tate		City & St	tate		5. FEI Numbe	11-2540158	Applied For		
Zip		Counts			Country	-6		Not Applicable \$8.75 Additional Fee required		
ZIP		Country	Zip	,a.'	Country	CERTIFICAT	E OF STATUS DESIRED	for a Certificate of Status		
7. Nam	es and Street Ad	dresses of Each Officer an	d/or Director	(Florida nonpro	ofit corporations must list at lea	ast 3 directors)				
Title(s) Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director		City / State / Zip				
CD	MOVTADY,	DAVID		23 HARI	BOR ROAD	KINGS POINT NY				
		,				\$ 12/1				
	8. Nam	e and Address of Currer	nt Registered	Agent	Name	9. Name and Address of New Registered Agent Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (F	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
Signatu	<	51085			familiar with and accept the ol	bligations of Sec		7.0505, F.S.		
			REGISTERE	D AGENT MUS	T SIGN					

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.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DEPARTMENT OF STATE DIVISION OF CORPORATIONS 409 EAST GAINES STREET TALLAHASSEE, FL 32399

TO WHOM IT MAY CONCERN.

PLEASE BE ADVISED THAT WE'DID NOT RECEIVE THE NOTICE OF ANNUAL REPORT, WE HAVE NEVER HAD A PROBLEM IN THE PAST RECEIVING AND FILING THE ANNUAL REPORTS IN A TIMELY FASHION, UNFORTUNELTY THIS WAS NOT THE CASE. I AM HUMBLY REQUESTING THAT THE REINSTATEMENT FEE BE WAIVED DUE TO THE ABOVE-MENTIONED REASONS.

IF YOU HAVE ANY QUESTION PLEASE FEEL FREE TO CONTACT ME AT 631-249-2100 EXT. 2314, THANKING YOU ADVANCE FOR ALL YOUR HELP WITH THIS MATTER.

DESIREE MADISON

LESUSON

QUALITY CONTROL