

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 11 AM 7:40

STATE
OF FLORIDA

DOCUMENT # F 98000005554

1. Corporation Name

POSITIVE mortgage INC

2. Principal Office Address

2201 nw corp Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Po box 1252

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33431

Country

USA

City & State

Carmel NY

Zip

10512

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-5-98

5. FEI Number

133849790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY COHEN

Street Address (P.O. Box Number is Not Acceptable)

2201 NW Corporate Blvd

Suite, Apt. #, Etc.

1

City

BOCA RATON

State

FL

Zip Code

33431

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**

Gary Cohen
REGISTERED AGENT MUST SIGN

Date 7/10/06

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
Pres	MARCIA GOLDBERG	121 DANA PLACE	ENLEWOOD NJ 07631

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia Goldberg MARCIA GOLDBERG

Date

7/10/06

Daytime Phone #

845
276
2070

B. Mitchell JUL 17 2006