


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

payc1012

CORPORATION

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 2002 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F99000000266

1. Corporation Name

1st Continental Mortgage, Inc

2. Principal Office Address

1040 Bayview Dr

Suite, Apt. #, etc.

Suite 1010

City & State

Ft. Lauderdale

Zip

33304

Country

USA

3. Mailing Office Address

1040 Bayview Dr

Suite, Apt. #, etc.

Suite 1010

City & State

Ft. Lauderdale

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/99

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

5873 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eric Bussiere

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

625 NE 17th Terr.

Suite, Apt. #, Etc.

Suite - A

City

Ft. Lauderdale

State

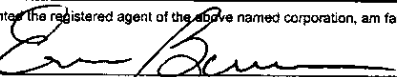
FL

Zip Code

33304

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



REGISTERED AGENT MUST SIGN

Date

7/18/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

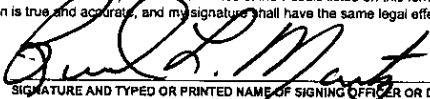
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Raymond Moatz	1040 Bayview Dr - Suite 1010	Ft. Lauderdale FL 33304

00-02 MBR

T8

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18/02

Date

954-566-0666

Daytime Phone #

Page 2 of 2

**1st CONTINENTAL
MORTGAGE INC.**

1040 BAYVIEW DRIVE
SUITE #610
FORT LAUDERDALE FL 33304

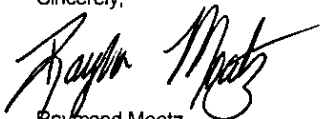
July 18, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

Enclosed is my application and check (\$450.00) for corporation reinstatement. I was told to give a brief explanation on why we did not fill out a uniform business report for the year 2000. We relocated to Maryland and never received any literature regarding keeping the corporation active. Now that we are back in Florida we would like to make sure that all our responsibilities are met. Please accept my apologies for any inconvenience.

Sincerely,


Raymond Moatz
President

Doc# F99 000 000 266