PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 19 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G47317

1. Corporation Name
FIRST FLORIDA MORTGAGE NETWORK, INC.
G47317

2. Principal Office Address	**3.** Mailing Office Address
715 E. Hillsboro Blvd	
Suite, Apt. #, etc. FIRST FLOOR	Suite, Apt. #, etc. SAME
City & State DEERFIELD BEACH, FL	City & State
Zip / Country 33441 / Broward	Zip / Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 1983

5. FEI Number 59-2322324 ☐ 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

500003449245--9
-11/02/00--01085--021
****758.75 ****758.75

Name: SANDRA SHEA SIEGEL

Street Address (P.O. Box Number is Not Acceptable): 711 SW 14ST

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33486

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: Sandra Shea-Siegel — Date: 10/15/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	Anthony A. Siegel	711 SW 14ST	
TREAS		BOCA RATON, FL 33486	
V. PRES	SANDRA SHEA-	711 SW 14ST	
SEC	SIEGEL	Boca Raton, FL 33486	

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 with 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. KE

SIGNATURE: Sandra Shea-Siegel — 10/15/00 — 954-426-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #