PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L45257

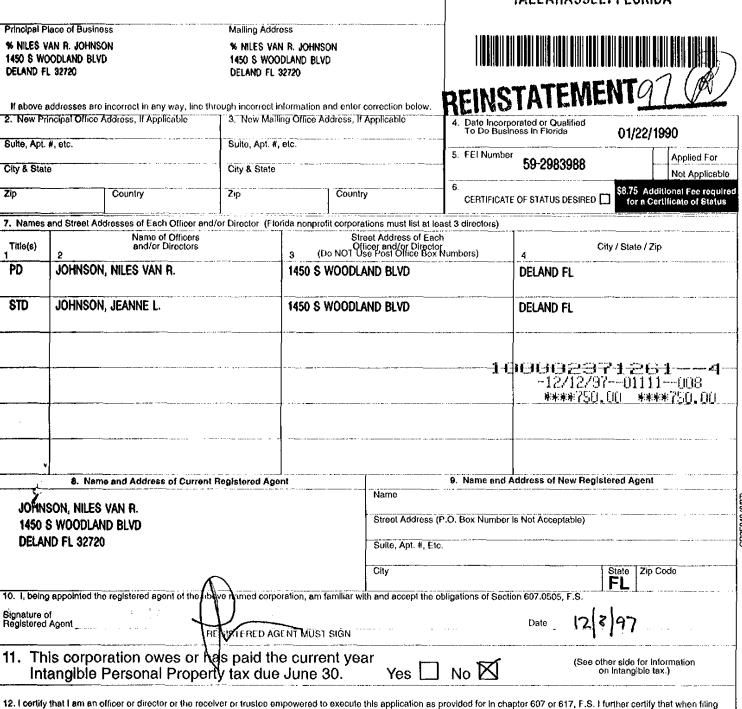
1. Corporation Name

FLORIDA MORTGAGE AFFILIATES, INC.

FILED

97 DEC -9 PM 1: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 fitting 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 sign, oce shall have the same legal effect as if made under eath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

NAME OF SIGNING OFFIC

N. Van R. Vohn60 12 7 97 (904) 738-9633