


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 17 AM 11:21

DOCUMENT # **L51674**

1. Corporation Name

MONEY MORTGAGE, INC.

Principal Place of Business

10121 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address

10121 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/16/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0215784	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	MANDEL, PAUL	10121 W. SAMPLE RD.	CORAL SPRINGS FL
V	SOMMERER, PATRICIA L	10121 W SAMPLE RD	CORAL SPRINGS FL
			500004658215--6 -10/30/01--01005--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANDEL, PAUL
10121 W. SAMPLE RD.
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-14-01

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

October 15, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Money Mortgage Document L 51674

Enclosed please find our application for reinstatement along with check in the amount of \$150.00 to cover the Annual report fee and the corporate supplemental fee.

We never received anything prior this in the mail this year on any of our Companies regarding the Annual report and fee.

We are requesting a one time waiver of the \$600.00 reinstatement fee as it certainly was not our intention to overlook this matter.

We would appreciate your favorable response back to us as soon as possible. Thank you very much for your assistance regarding this important matter.

Sincerely,

Paul Mandel
President.



FEDERATED HOME MORTGAGE

10121 w. sample road
coral springs
florida
33065
954/755-HOME (4663)
fax 954/755-8550