


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L70958		FILED 99 AUG 25 PM 1:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA E000002977348--0 -09/02/99--01078--014 REINSTATEMENT ***98-99	
1. Corporation Name CTW MORTGAGE CORP.			
Principal Place of Business 7200 W. Commercial Blvd, #207 Lauderhill, FL 33319			
Mailing Address (Same)		4. Date Incorporated or Qualified To Do Business in Florida 5/7/90	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		5. FEI Number 65-0204088	
2. New Principal Office Address, If Applicable		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City & State			
Zip			
Country			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Robert Vanucchi	2550 NE 51 St., #204	Ft. Lauderdale, FL 33308
Sec.			
Vice Pres.	Stanley Bender	1150 Connecticut Ave., NW #801	Washington, DC 20036
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RICHARD J. HAYS, P.A. 7200 West Commercial Blvd. Suite 207 Lauderhill, FL 33319		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 <i>Richard J. Hays</i> REGISTERED AGENT MUST SIGN Date 8-23-99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
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 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: <i>Robert Vanucchi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert Vanucchi Date 8/10/99 (954) 202-6304 Daytime Phone #	

C42E061 (12/98)