

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 20 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12736

1. Corporation Name
TRANS-UNIVERSAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
780 NW 42 AVE 618 MIAMI FL 33126 US	780 NW 42 AVE 618 MIAMI FL 33126 US

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

REINSTATEMENT 97-98
AD

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 3445 N.W. 7th St. City & State MIAMI, FL Zip 33125 Country USA	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 3445 N.W. 7th St. City & State MIAMI, FL Zip 33125 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 03/15/1985	5. FEI Number 59-2630324 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
ST	BUSQUETS, SALVADOR R.	780 NW 42 AVE 618 3445 N.W. 7th St.	MIAMI FL MIAMI, FL 33125
			200002439372--8 -02/24/98--01070--007 ****908.75 ****908.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BUSQUETS, SALVADOR 780 NW LEJEUNE RD 618 MIAMI FL 33126	Name BUSQUETS, SALVADOR Street Address (P.O. Box Number is Not Acceptable) 3445 N.W. 7th Street Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33125

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: S. Busquets Date: 2/9/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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)(l), 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: S. Busquets 2/9/98 305-631-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #