RLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		65	HE SO					1	FILED		
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								06 SEP 12 PH 4: 35			
DOCUMENT # 1023878								TALI	TALLAHASSEE, FLORIDA		
Mortgage Bankers Association of Broward County, Inc.									RENGERIEMENT 04-06		
				office Address ast Las Olas Blvd.				CR2E081 (12/05)			
/ /					Suite, Apt. #, etc. 6th Floor			4 Date Incom	4 Date Incorporated or Qualified To Do Business in Florida 12/15/1987		
Ft. Lauderdale				Ft. Lauderdale				5. FELNumber 77338 Applied For Not Applicable			
^z ₀ 3330)1	ÜŜA		3330	1	ŰŜÃ		6. CERTIFICATI		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent											
	ੈਲੀਂchard French										
	Street Ardress (R. G. Bow) Hymber is Not Acceptable)							11 09/10	100079939821 09/19/0601012019 **367 50		
	Suite, Apt. #, Etc.							00/10	700 01012 013	**301130	
	Park	land	//			 フ			State 33067		
8. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent											
REGISTERED AGENT MUST SIGN											
9. Names and Street Addresses of Each Officer and/or Director (Flor					rida nonprofit corporations must list at least 3 Street Address of Each						
Titles	Officers and/or Directors			Officer and/or Director				City / State / Zip			
Р	Richard French				6820 NW 73rd Street			Street	Parkland, FL 33067		
V	Scott Wank				6830 NW 73rd Street			Street	Parkland, FL 33067		
T	David B. Schultz				4605 NE 23rd Avenue			venue	Ft. Lauderdale, FL 33308		
S	Thom Bambenek				300 S. Pine Island Road			nd Road	Plantation, FL 33324		
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 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 any the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: KICHARD FRENCH 9/11/06 954-765-7190 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											