PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOI WACE REINSTATEMENT
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000007037

1. Corporation Name

STAMPAR GROUP MORTGAGE CORPORATION

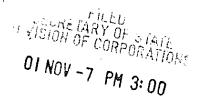
Principal Place of Business

Mailing Address

22570 BLUE MARLIN DRIVE BOCA RATON FL 33428

SIGNATURE:

22570 BLUE MARLIN DRIVE BOCA RATON FL 33428



Daytime Phone #



BOCA HATON FL 33428) 18811880 111 88113 EBLET BBETT BBETT BBETT BBETT BBETT BBETT BBETT BBETT BBETT BETT AND AND AND AND AND AND A			
If above a	ddresses are incorrect in any way, line thro		iformation and e		1 A Data Incom	Orated or Qualified		
2700 W. Cypress Creek Rd 7700 W. Cypress (Suite, Apt. #, etc.)					Date Incorporated or Qualified To Do Business in Florida 01/13/2000			
SUIT City & State	o 10-130 Juderdale Fi-	50174 City & State	2 <u>D - 1</u> 11 F.O. S.A	30 91E. FL	5. FEI Number	97-2075	Applied For Not Applicable	
333	09 Country	Zip 333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	puntry	- 6. CERTIFICATE	OF STATUS DESIRED \$8.75	Additional Fee required Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit co	rporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo		City / State	/ Zip	
Presiden	VIVIANE STAMP		22570	Blue Mai		-		
	B066InN	ر	-1			100046985 -11/29/0101 ****150.00		
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					£.1~	100046985 11/29/01010	156012	
						***************************************	**************************************	
						13. MZO		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
BOGGIANO, VIVIANE					NO, STAMPAR VIVIANE			
22570 BLUE MARLIN DRIVE BOCA RATON FL 33428					Street Address (P.O. Box Number is Not Acceptable) 2700 W. CYPRESS CREEK Rd SATE-130 Suite, Apr. #, Etc.			
DOOR INTON I E 30420				5 -130,				
	PAG.			FT. L	AUSERD	ALE State 7	2ip Code 333309	
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 Date								
this reins	hat I am an officer or director or the receive statement application, the reason for dissol the corporation have been paid and the na	ution has been e	eliminated, the c	orporate name satisfies	the requirements	of section 607.0401 or 617.0401	E.S. that all fees	



November 2, 2001

To Whom It May Concern:

This note is to let you know that I did not receive any information to file my annual report. Please be aware that my address at the office is

STAMPAR GROUP MORTGAGE SUITE D 130 2700 WEST CYPRESS CREEK RD FT. LAUDERDALE, FL 33309

If you have any questions don't hesitate to call.

Thank you,

VIVIANE STAMPAR