PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 AM 10:33

DOCUMENT # P00000021678

1. Corporation Name

FLORIDA MORTGAGE AUTHORITY, INC.

Principal Place of Business	Mailing Address
~~3564 S. MILITARY TRAIL~~ ~~LAKE WORTH FL 33463~~	3564 S. MILITARY TRAIL LAKE WORTH FL 33463

REINSTATEMENT 01

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
1661 S. CONGRESS AVE	1661 SO CONGRESS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WPB FL	City & State: WPB FL
Zip: 33406 Country: PALM BEACH	Zip: 33406 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 02/24/2000

5. FEI Number: 65-1145586 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
D	VOGEL, LEE	3564 S. MILITARY TRAIL	LAKE WORTH FL 33463
			700004728807--4 -12/17/01--01058--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~BEILLY, ORRIN R~~
~~105 S. NARCISSUS AVE., SUITE 705~~
~~W. PALM BCH FL 33401~~

9. Name and Address of New Registered Agent

Name: LEE VOGEL
Street Address (P.O. Box Number is Not Acceptable): 1661 SO CONGRESS AVE
Suite, Apt. #, Etc.:
City: WPB State: FL Zip Code: 33406

CR2E040 (8/01)

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 X _____ Date 10/11/01
REGISTERED AGENT MUST SIGN

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: _____ Date 10/11/01 (561) 835-1989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #