

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

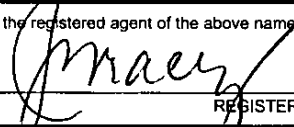
300065585113
02/10/06--01072--010 **458.75

CR2E081 (12/05)

CORPORATION REINSTATEMENT						FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000073752							
1. Corporation Name GREATER ORLANDO MORTGAGE, INC							
2. Principal Office Address 126 S SEMORAN BLVD				3. Mailing Office Address 126 S SEMORAN BLVD			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State ORLANDO, FL				City & State ORLANDO, FL			
Zip 32807		Country		Zip 32807		Country	

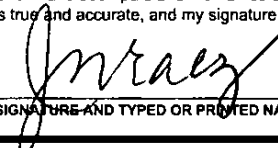
4. Date Incorporated or Qualified To Do Business in Florida 07/21/2000	
5. FEI Number 59-3659518	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JOSEPH BRACERO	
Street Address (P.O. Box Number is Not Acceptable) 126 S SEMORAN BLVD	
Suite, Apt. #, Etc.	
City ORLANDO	State / Zip Code FL 32807

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 1/24/2005
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JOSEPH BRACERO	126 S SEMORAN BLVD	ORLANDO, FL 32807

2/3/06
REINSTATEMENT 04-06 B

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 and 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: 	1/24/05		407-306-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

PAY 2006

Greater Orlando Mortgage, Inc.

140 South Semoran Blvd

Orlando, FL 32807

407-306-0602 Phone

407-306-0680 Fax

January 30, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314


To Whom It May Concern:

Enclosed is check number 2308 in the amount of \$458.75 to reinstate my corporation Greater Orlando Properties, Inc. The only reason I have for not making the renewal on time is because I never received the renewal notice.

I also want to take this opportunity to inform you about the address change to 140 South Semoran Blvd Orlando, FL 32807. Please make the appropriate change on the address.

Should you have any questions, do not hesitate to contact us.

Cordially,


Joe Bracero
President