PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	02 DEC 27 AH 7: 42 SECRETORY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # 000000		
MONTGAGES		
,	3. Mailing Office Address	500009705045 ± 12/27/02 <u></u> 01009002**150.00
2. Principal Office Address 5223 Polmatto De	The second secon	200000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
		Date incorporated or Qualified To Do Business in Florida
City & State PHOPE OF FIA	City & State	5. FEI Number Applied For K 72 US - 10 1 8 3 1 6 Not Applicable
PHIPIERCE F/A.	Zip Country	6. \$8.75 Additional Fee required
34982 St Lucie		
7. Name and Address of Current Registered Agent Name		
WANDA L. PALM		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City State Zip Code		
FL 3 4982 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.		
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 Wanda Registered Agent MUST SIGN Date 12/17/02		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Officers and/or Directors	Street Address of E	ach City / State / Zip
Pres WONDA L. PAL.	5773 Palmiz	HO PC 34982
WB 1013A - 1 Wes	77 1,0225, 71	7, 6,000
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10.1 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 filling this reinstalement 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. 7 7 2 - 46 / -		
SIGNATURE: Wanda & Jahn 12/17/02 3059 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

A Quick Place for Mortgages

Wanda & Ken Palm
5223 Palmetto Drive Fort Pierce, Florida 34982
office 772-461-3054 fax 772-468-8550

Tuesday, December 17, 2002

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

To who it may concern:

Please be advised that I submitted the uniform report for A Quick Place for Mortgages #P0000084320 prior to May 1. 2002 year electronically, and it was my belief that the submission was correct. I therefore request you reinstate this corporation with the standard fee. Find enclosed a check for \$ 150.00 and a corporation reinstatement application.

Sincerely,

Wanda Palm

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