

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1052

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 11 AM 8:01

DOCUMENT # P0000117098
1. Corporation Name
UNITED INTERNATIONAL MORTGAGE CORPORATION

800008829618
11/06/02--01071--019 **8.75



11/06/02 01071 018 150.00

Principal Place of Business Mailing Address
3201 S.W. 34TH AVENUE 3201 S.W. 34TH AVENUE
OCALA FL 34474 Ocala FL 34474

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 01/01/2001
5. FEI Number 59-3697169 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	LUZZEIRAGA, WEBSTER	3201 S.W. 34TH AVENUE	OCALA FL 34474

Handwritten initials/signature

8. Name and Address of Current Registered Agent
HICKS, DANIEL
421 SOUTH PINE AVENUE
OCALA, FL 34474

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN
Date: 11/05/02

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)(f), 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.

Webster Luzzairaga, President
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/05/02 Daytime Phone #

CR2E040 (8/02)

3201 SW 34TH AVENUE, SUITE #102
OCALA, FL 34474
352-873-9377 OFFICE
352-873-9948 FAX

UNITED INTERNATIONAL MORTGAGE CORPORATION

November 05, 2002

Department of State
Division of Corporations
409 Gaines Street
Tallahassee, FL 32399

Reference: P00000117098


Dear Sir:

We are hereby requesting that the penalty for late reporting be waived due to not receiving the proper form or notification.

Enclosed you will find our report and check for restatement of our corporation.

Sincerely,

UNITED INTERNATIONAL MORTGAGE


Webster Luzzeiraga
President

MAKING YOUR DREAM A REALITY