	PLEASE	READ AL	L INSTRUCT	IONS E	BEFORE C	OMPLETI	NG THIS FC	RM.	
. F0	CATION OR ATEMENT	neo?		Smith ary of Sta	ate		FILED		·
DOCUM  1. Corporation Na  MORTGAG	-		)36888 CES, INC.	<b>P3</b>	2003	SECRET TALL AHA	19 AM IO: 28 April of State Ssee, Florida		
				150	8,15	hand in	, <b>?</b>		
Principal Place of 2200 MONROE ST HOLLYWOOD FL	T. SUITE #33	F	eilling Address O BOX 221974 OLLYWOOD FL 33022	,	Curity				
l			incorrect information			05/29/			18.75
2. New Principal 2+19 Some Act # etc.	Office Address, If App	BIVU	New Mailing Office A	ddress, If Ap	pplicable	Date Incorpo     To Do Busin	orated or Qualified less in Florida	04/11/2	001
City & State	D		ty & State	<u> 2</u> 2	1914	5. FEI Number	040375	5	Applied For Not Applicable
Zip 3302	O Country	ICA	Hotel	Country	33022 WARD	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addi	tional Fee required tificate of Status
7. Names and Str	reet Addresses of Eac	h Officer and/or Di	rector (Florida nonpro			st 3 directors)			
Title(s)		of Officers Directors	3		t Address of Each er and/or Director		4	City / State / Zip	
PSTD OSC	ORIO, MARCO F		2200-M	ONROE ST	r <del>, SUITE #</del> 32	416	HO <del>LLYWOOD F</del> L	33020	
·			791	Suit.	0-D	79	<u> </u>	<del></del> -	
		·		MAN	sovel f	L 331	220		
1									
			-						
8	. Name and Addres	s of Current Regi	stered Agent			9. Name and A	ddress of New Regi	stered Agent	
SPIEGEL & UTRERA, P.A.  343 ALMERIA AVENUE  CORAL GABLES FL 33134  Suite, Apt. #, Etc.									
City Hollywood State Zip Code 33022									
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 STEREMAROURS SIGN  REGISTERED AGENT MUST SIGN  Signature of 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #									

MORTGÄGE SOLUTIONS SERVICES, INC.

May 17, 2003

FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

RE: Application of Reinstatement – 2002 & 2003 UBR

Mortgage Solutions Services, Inc. – Doc # P01000036888

Dear Sir or Madam:

This letter is to confirm that I, Marco F. Osorio, President of Mortgage Solutions Services, Inc., located at 2419 Hollywood Blvd, Suite D, Hollywood, FL 33020, hereby request that your office please reinstatement my SubChapter S Corp referenced above. I certify that I did not receive any of the prior 2002 UBR notices which your office mailed to my company last year.

Please find enclosed check # 1041 in the amount of \$308.75 @ 150.00 each year for the years 2002 & 2003 UBR filings along with the additional \$8.75 fee for a Certificate of Status form. Please make the physical address change of my company location as well as the Registered agent change which I elect to be the registered agent. Thank You.

Sincerely

MARCO F. OSORIO,

PRESIDENT

2419 Hollywood Blvd, Suite D Hollywood, FL 33020

Tel: (954)925-6044 Fax: 9954)925-6443

Email: mssinc@cofs.net

Mortgage Solutions Services Inc 2419 Hollywood Blvd Suite D Hollywood Florida 33020 Tel: (954) 925-6044 Fax: (954) 925-6443