

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000052380

FILED
Sep 21, 2007
Secretary of State

Entity Name: PROSPERITY PLUS MORTGAGE, INC.

Current Principal Place of Business:

20535 NW 2ND AVE
SUITE 202
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

20535 NW 2ND AVE
SUITE 202
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-1109439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, NICOLE
20620 N.W. 34TH AVENUE
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICOLE WALKER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TRE () Delete
Name: WALKER, DEREK
Address: 20535 NW 2ND AVE SUITE 202
City-St-Zip: MIAMI, FL 33169 US

Title: PRES (X) Delete
Name: WALKER, NICOLE MRS.
Address: 20535 NW 2ND AVE SUITE 202
City-St-Zip: MIAMI, FL 33169 US

Title: SEC (X) Delete
Name: WALKER, TASHARI MISS
Address: 20535 NW 2ND AVE SUITE 202
City-St-Zip: MIAMI, FL 33169

Title: DIR (X) Delete
Name: ROSS, BETTY MRS.
Address: 20535 NW 2ND AVE SUITE 202
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WALKER, NICOLE L MRS
Address: 20535 NW 2ND AVE SUITE 202
City-St-Zip: MIAMI, FL 33169 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE WALKER

Electronic Signature of Signing Officer or Director

PRES

09/21/2007

Date