	PLEASE READ	ALL INSTRUCTION	NS BEFORE C	OMPLE1	ING THIS FO	DRM.
	PPLICATION FOR DO NOTATEMENT	FLORIDA DEPARTM Jim Sm Secretary of DIVISION OF CORE	MENT OF STATE nith of State		É	
DOCUMENT # P01000100526 1. Corporation Name				02 0EC -9 6/10: 56		
PROV	EST MORTGAGE CORF		SECHETALY OF STATE TAIL AF 188ES, FLOYIDA			
1402 JOH PMB 118	Place of Business N E KENNEDY CAUSEWAY AV VILLAGE FL 33141	Mailing Address 1402 JOHN F KENNEDY CAUS PMB 118 NORTH PAY WILLAGE FL 33141	N F MENNEDY CAUSEWAY			
Suite, Apt. #, etc. Suite 241 Suite 241		rough incorrect information and en 3. New Mailing Office Address 6667675 Suite, Apr. #, etc. 54,76224/	Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/17/3 5. FEI Number	
Wolth Minni FC No. Zip 3316/ Country 4 Zip -		North Missing	h Missi FL 6.		OF STATUS DESIRED	Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Florida nonprofit corp	porations must list at least	3 directors)		
Title(s)	Name of Officers					
PSTD	PSTD PATTERSON, FLOU D G FLOUD		1402 JOHN F. KENNEDY CAUSEWAY PM		NORTH BAY VILLAGE FL 33141	
				1 C) 	000941 02-01053 0	8061 17 **150.00
	8. Name and Address of Current F	Registered Agent	9	Name and A	ddrage of Naw Bosins	
1840 S 4TH FL	EL & UTRERA, P.A	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Exc. Suite, Apt. #, Exc. Suite Address Address (P.O. Box Number is Not Acceptable) State Zip Code FL 35/6/				
10. I, being a Signature of Registered A	appointed the registered agent of the abov	e named corporation, am familiar		ations of Section		7.0505, F.S.

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

12/03/02 786 706 12/1 Date Daytime Phone #

PROVEST MORTGAGE CORPORATION FLOYD G. PATTERSON

666 NE 125 th Street North Miami, Florida 33161 786 306-1211

December 3, 2002

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, Fl. 32314-6327

To Whom it may concern,

This is to inform you I did not receive the 2 (two) previous uniform business reports. Thank-you.

Sincerely,

Floyd G. Patterson

President