PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



..FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000103648 DOCUMENT

1. Corpor	ation Name T MORTGAGE, INC.	01000-	10			SECRETARY OF TALLAMASSEE, F	STATE LORID A		
Principal Place of Business 2901 W. OAKLAND PARK BLVD. SUITE 89 OAKLAND PARK FL 33311		Mailing Address 2901 W. OAKLAND PARK BLVD. SUITE B9 OAKLAND PARK FL 33311			REBUSTATERAENT 03			,	
	addresses are incorrect in any way, line trincipal Office Address, If Applicable		ling Office Add	ress, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 10/22/2001				
City & State		City & State		·	5. FEI Number Applied For — 65-1155612 — Not Applied				
Zip	Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED [\$8.75 Additional Fee rec		
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	orida nonprofit	 -					
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
P	GALLIEN, DOUGLAS		2901 W. OAKLAND PARK BLVD.			OAKLAND PARK FL 33311			
					1 C 10/23,	0002405 103-01070-0			
<u></u>	8. Name and Address of Curren	t Registered Age	ent		9. Name and	Address of New Regis	stered Agent	_	
GALLIEN, DOUGLAS 2901 W. OAKLAND PARK BLVD. SUITE B-9 OAKLAND PARK FL 33311				` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, bein Signature Registered	Agent	PREGISTERED AG	,	·	oligations of Sect	tion 607.0505, F.S. or 6	FL 17.0505, F.S.		
11. I certify	y that I am an officer or director or the reco	eiver or trustee er	mpowered to e	execute this application as p	rovided for in ch	apter 607 or 617, F.S. I	further certify that when filing	g	

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:

DouelAS GALLIEN President 10/10/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

03 OCT 23 AMII: 18

REAL-T MORTGAGE, INC. 2901 W. OAKLAND PARK BLVD., STE B-9 OAKLAND PARK, FL 33311 954-731-3200 954-731-9333

October 10, 2003

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee,FL 32314

To Whom It May Concern:

Please find enclosed check for \$150 for 2003 Filing. I am not sure what is happening with applications as I did not receive.

Is there any way I can get a waiver for reinstatement? The only reason I can think is that Real-T is small business located in the same space as RFR Group (which you do have the filing) and that the postmaster is not delivering mail. When I receive documents for all 2004 filings for other companies, I will be sure and check that REAL-T is among the documents.

Thank you again for your consideration.

Sincerely.

Vivian Trebbien

Corporate Administrator