

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 MAR 23 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500030937675  
03/23/04--01085--002 \*\*900.00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000004179**  
1. Corporation Name  
**JF Mortgage Processing Inc.**

|  |  |  |  |
|--|--|--|--|
| 2. Principal Office Address<br><b>8040 NW 155 ST</b><br>Suite, Apt. #, etc.<br><b>216</b><br>City & State<br><b>Miami Lakes, FL</b><br>Zip<br><b>33016</b> Country<br><b>USA</b> |  | 3. Mailing Office Address<br><b>19851 Cypress Ct E</b><br>Suite, Apt. #, etc.<br>City & State<br><b>HiALEAH, FL</b><br>Zip<br><b>33015</b> Country<br><b>USA</b> |  |
|--|--|--|--|

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida **April 10, 2002**

5. FEI Number **010570055** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Beatriz CORREA**  
Street Address (P.O. Box Number is Not Acceptable)  
**19851 Cypress Ct E**  
Suite, Apt. #, Etc.  
City **HiALEAH** State **FL** Zip Code **33015**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Beatriz Correa** Date **3/22/04**  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip       |
|----------|-----------------------------------|--|--------------------------|
| <b>P</b> | <b>Beatriz CORREA</b>             | <b>19851 Cypress Ct E</b>                      | <b>HiALEAH, FL 33015</b> |
|          |                                   |  |                          |
|          |                                   |  |                          |
|          |                                   |  |                          |

10. I certify that I am an officer or director of 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: **Beatriz Correa** **Beatriz CORREA** Date **3/22/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)