

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 22 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # P02000039729

1. Corporation Name

MCG MORTGAGE, INC.

2. Principal Office Address

741 UNIVERSITY DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

CORAL GABLES

City &amp; State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida4/11/02

5. FEI Number

02-0602970

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

MARIE GALLINAR

Street Address (P.O. Box Number is Not Acceptable)

741 UNIVERSITY DR.

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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 AgentMarie Gallinar

Date

4/16/04

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
<u>PST</u>	<u>MARIE GALLINAR</u>	<u>741 UNIVERSITY DR</u>	<u>CORAL GABLES, FL. 33134</u>

10. 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:

Marie GallinarMARIE GALLINAR

Date

4-16-04

Daytime Phone #

305-668-4848