PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 29 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800110862576
10/16/07--01054--018 **158.75

REINSTATEMENT 07

DOCUMENT # P02000067438

1. Corporation Name
MORTGAGE ADVANTAGE CORPORATION

2. Principal Office Address
1916 RED ROAD
SUITE 102
MIAMI FL,
33155 DADE

3. Mailing Office Address
9260 W COMMERCAIL BLVD
SUNRISE FL
33351 BROWARD

4. Date Incorporated or Qualified To Do Business in Florida
6/19/2002

5. FEI Number
450480457
☐ 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
LORENZA WILSON
9260 W COMMERCAIL BLVD
SUITE 102
SUNRISE FL 33351

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are acknowledging the prior notices were not received and requesting the reinstatement fee be waived.

8. I hereby accept the appointment as 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: L Wilson
REGISTERED AGENT MUST SIGN
Date: 10/10/2007

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

Titles	Name of Each Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
O	LORENZA WILSON	9260 W COMERCAIL BLVD SUITE 102	SUNRISE FL 33351
D	CASTILLO JORGE	4044 NW 199TH STREET	MIAMI FL 33055
D	ELLEN SKELTON	117 SW 11 COURT	FT.LAUDERDALE FL 33315

12/10/29

10. I certify that I am an officer or director of the corporation 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 name of the corporation 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, that the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: L Wilson — lorenza wilson — 10/10/2007 — 754 4223044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #