| PLEASE READ | ALL INST | RUCTIONS BEFORE | COMPLETI | ING TH | HIS FORM POLINE | ノ· | |
|---|--|--|--|---|--|----------------|--|
| CORPORATION REINSTATEMENT | FLORIDA S | DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS |] | F | TILED Y -7 PM 2:08 | | |
| DOCUMENT # 90200096924 | | | SECRÉTARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| Arrivas Mortgag | es, TWC | • | 100 | 05/ | 13 91784 031 | 1 Fixe | |
| 2 Principal Office Address 377 Maitaws Ave Suite, Apt. #, etc. | Maitland Ave 377 n | | laitland Ave 05/1 | | 000035763165 07/0401073012 **150.00 | | |
| # 10 C | 10 0 # / & State City & State | | 4. Date Incorp To Do Bus | | rida 8/2// <i>2003</i> Applied | | |
| 21to negate Strivas, 2ip Country 32701-5442 U.S. | Country Zip | | 6. | 30.5 8 2.2.2 Not Applicable ATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status | | | |
| Name Loute Color Street Address (P.O. Box Number is LEO CAVOLIDA Suite, Apt. #, Etc. # 2046 | Not Acceptable) E Oxc. | lame and Address of Current Registe | red Agent | State | Zip Code | | |
| City Winter Park 8. I, being appointed the registered agent of the al | | ration, am familiar with and accept the | obligations of secti | FL | 32789 | 01/04) | |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | Date _ | 4/3/04 | CR2E081 (01/04 | |
| 9. Names and Street Addresses of Each Officer a | nd/or Director (Flo | orida nonprofit corporations must list at i | east 3 directors) | | | | |
| Titles Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | | | |
| President Ivette Colo, | 5 | 377 Maitan Ave | # 106 | AHon | monte Strings, Fly 327 | 01-5442 | |
| | | 1-6 | and the second | | | | |
| | Fragas B | | 103 | 04 | | | |
| 10. I certify that I am an officer or director or the re this reinstatement application, the reason for di owed by the corporation have been paid and the on this application is true and accurate, and m | ssolution has been e names of individ | n eliminated, the corporate name satisfic tuals listed on this form do not qualify fo | es the requirement r an exemption und | s of section | 607.0401 or 617.0401, F.S., that all | fees | |

Poyert

ARRIVAS MORTGAGES, INC 377 MAITEAND AVE, # 106 ALTAMONTE SPRINGS, FL 32701-5442 407-405-3733 FAX: 407-629-9036

April 30, 2004

Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Corporation: Arrivas Mortages, Inc P02000090924

جسره عنسره

Dear Sir/Madam:

I just spoke to one of your representatives inquiring about the form to file and pay corpration fees, today 4/30/04.

They conferred that I was sent a letter requesting the 59-ID for the form I filed for 2003.

I never received such letter. Furthermore, I never received my check back. I understand you just need for me to provide an explanation of this fact, and the "reinstatement" form with 59 ID. Please see attachment that includes this form.

Please correct the deficiency for 2003: My 59-Id is: 74-3058222.

Enclosed-find a check for 2004 filing fee. I wish I could do this on-line, but I was told the system is not set up to accept credit cards.

If you have any questions, please call my office. : 407-405-3733.

Cordially,

Ivette Colon