

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 09 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099409

1. Corporation Name
finance first mortgage, Corp.

2. Principal Office Address
5979 NW 151 St

Suite, Apt. #, etc.
240

City & State
Miami Lakes, FL

Zip Country
33014 U.S.A

3. Mailing Office Address
5979 NW 151 Street

Suite, Apt. #, etc.
240

City & State
Miami Lakes, FL

Zip Country
33014 U.S.A

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
50-2294071 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 Carlos E. Perez 300046655163
02/15/05--01053--002 **900.00

Street Address (P.O. Box Number is Not Acceptable)
5979 NW 151 Street

Suite, Apt. #, Etc.
240

City State Zip Code
Miami Lakes FL 33014

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 *Carlos E. Perez* Date 2.7.05
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
P	Nestor J. Perez	5979 NW 151 Street # 240	Miami, FL 33014.
V	Carlos E. Perez	5979 NW 151 Street # 240	Miami, FL 33014.

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: *Carlos E. Perez* Date 2.7.05 305.558.8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)