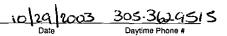
	_ PLEASE READ /	ALL INSTRUCT	ONS BEFORE C	OMPLETI	NG THIS FOR	RM.	
FOR			OA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS		FILED		
DOCUMENT # P02000103761 1. Corporation Name]	13 OCT 31 PM	_	
,	TURE MORTGAGE SERV	/ICES, CORP.			SECRETARY OF FALLAHASSEE FI	STATE LORIDA	
Principal Pi	ace of Business	Mailing Address		 			
3 95-NW-18 5 PEMBROKE) AYE: - PINES-FL 33828	* 935-NW-105-AVE - PEMBROKE-PINES -FL.330	AYE				
If above a	addresses are incorrect in any way, line thro	ough incorrect information a	nd enter correction below.	REINS	STATTME	NT 07	
			ing Office Address, If Applicable 4.		orated or Qualified less in Florida	09/25/2002	
Suite, Apt. #, etc. 10100 COWPEN RO #220 U600 (City & State HIAHI LAKES, FL HIAM			LAKES, FL		0565839	Applied For Not Applicable	
719 Country 719 33014 USA 33014			Country CERTIFICATE OF STATUS DE			\$8.75 Additional Fee require for a Certificate of Status	
Title(s)	nand Street Addresses of Each Officer and/o Name of Officers and/or Directors		street Address of Each Officer and/or Director		. Cit	y / State / Zip	
VSD	ARIAS, ALFREDO A				PEMBROKE PINES FL 33028		
PTD	-PICALLO, LAZARO		12785 SW 22 ST		PEMBROKE PINES FL 33028- MIRALIAR , FL 33027		
				" man " " " " " " " " " " " " " " " " " " "	9024337 030108001	7665 4 **150.00	
	8. Name and Address of Current R	egistered Agent	Name	9. Name and A	Address of New Regist	ered Agent	
ARIAS ALEREDO A				ess (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES FL 33028			Suite, Apt. #, Etc.		· <u>···</u>		
			City			State Zip Code	
10. I, being	appointed the registered agent of the above	re named corporation, am f	amiliar with and accept the ob	oligations of Section	on 607.0505, F.S. or 617	7.0505, F.S.	

11. 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:

Signature of Registered Agent







October 29, 2003

Florida Dept. of State
Division of Corporations
Annual Report/Reinstatement Section
-P-O-Box-6327
Tallahassee, FL 32314-6327

Re: Application for reinstatement

To Whom It May Concern:

Please allow this letter to serve as notice that our corporation did not receive the two prior Uniform Business Report notices. Unfortunately, we received the application for reinstatement and have reviewed and complied with request.

We, the officers of Signature Mortgage Services have on three different occasions attempted to change our corporation address to the new one which is depicted on the application for reinstatement. Hopefully, our address will be updated and corrected to avoid any future conflicts of this nature.

Enclosed with this letter is the application fee as requested.

Thank you for your prompt attention to this matter, and if we can provide any further assistance please do not hesitate to contact us at (305) 362-9615.

Cordially,

Lazaro Picallo

President

Alfredo A. Aria Vice-President