

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 10 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000107778

1. Corporation Name

THE MORTGAGE BANKERS OF AMERICA GROUP INC

2. Principal Office Address

10 FAIRWAY DR

3. Mailing Office Address

Suite, Apt. #, etc.

224

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

Zip

33441

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/2002

5. FEI Number

04-3767885

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

ALAN NATHAN

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

9858 GLADES RD

Suite, Apt. #, Etc.

#112

City

BOCA RATON,

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date 10/9/03

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
PR	ALAN NATHAN	19722 BLACK OLIVE LN	BOCA RATON, FL 33498

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:

ALAN NATHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-212-3461

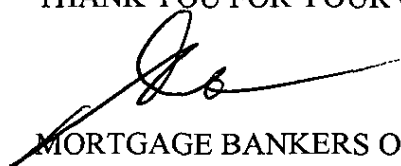
CR2E081 (10/02)

TO WHOM IT MAY CONCERN:

ENCLOSED IS THE REINSTATEMENT FORM WITH A CHECK FOR
\$158.75 FOR THE REINSTATEMENT FEE AND A CERIFICATE STATUS FORM.

PLEASE EXCUSE MY LATE FILING I DID NOT SEE A NOTICE TO FILE PRIOR
TO THE FORM. I'AM SENDING NOW.

THANK YOU FOR YOUR CONSIDERATION

A handwritten signature in black ink, appearing to be 'Alan Nathan', with a long horizontal flourish extending to the right.

MORTGAGE BANKERS OF AMERICA GROUP INC.
ALAN NATHAN
PRESIDENT